



MMWRTM

Morbidity and Mortality Weekly Report

Weekly

July 2, 2004 / Vol. 53 / No. 25

Update: Influenza Activity — United States and Worldwide, 2003–04 Season, and Composition of the 2004–05 Influenza Vaccine

During the 2003–04 influenza season, influenza A (H1), A (H3N2), and B viruses co-circulated worldwide, and influenza A (H3N2) viruses predominated. Several Asian countries reported widespread outbreaks of avian influenza A (H5N1) among poultry. In Vietnam and Thailand, these outbreaks were associated with severe illnesses and deaths among humans. In the United States, the 2003–04 influenza season began earlier than most seasons, peaked in December, was moderately severe in terms of its impact on mortality, and was associated predominantly with influenza A (H3N2) viruses. This report 1) summarizes information collected by World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories, state and local health departments, health-care providers, vital statistics registries, and CDC and 2) describes influenza activity in the United States and worldwide during the 2003–04 influenza season and the composition of the 2004–05 influenza vaccine.

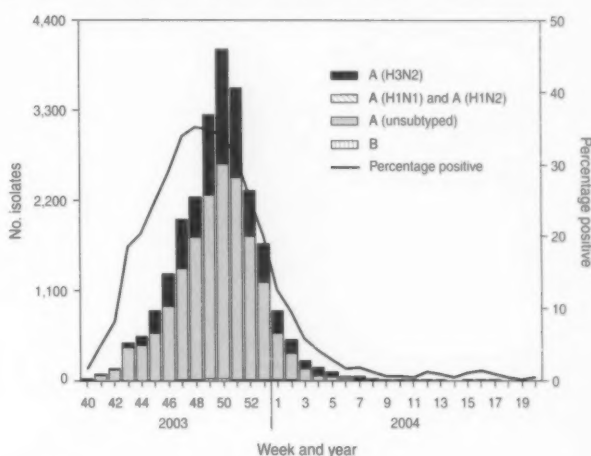
United States

Influenza viruses were first isolated in Texas during outbreaks in early- to mid-October. The national percentage of respiratory specimens testing positive for influenza and the proportion of outpatient visits to sentinel physicians for influenza-like illness (ILI)* increased substantially in November and peaked in mid-December. Influenza A (H3N2) viruses were most commonly isolated, with a small number of influenza B and influenza A (H1) viruses identified.

Viral Surveillance. During September 28, 2003–May 22, 2004, WHO and NREVSS collaborating laboratories in the United States tested 130,577 respiratory specimens for influenza viruses (Figure); 24,649 (18.9%) were positive. Of these,

* Defined as temperature of $>100^{\circ}\text{F}$ ($>37.8^{\circ}\text{C}$) and either cough or sore throat in the absence of a known cause other than influenza.

FIGURE. Number* and percentage of respiratory specimens testing positive for influenza reported by World Health Organization and National Respiratory and Enteric Virus Surveillance System: collaborating laboratories, by week and year — United States, 2003–04 influenza season†



* N = 24,649.

† As of June 29, 2004.

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The *MMWR* series of publications is published by the Epidemiology Program Office, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

SUGGESTED CITATION

Centers for Disease Control and Prevention. [Article Title]. *MMWR* 2004;53:[inclusive page numbers].

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Notifiable Disease Morbidity and 122 Cities Mortality Data

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24,393 (99.0%) were influenza A viruses, and 249 (1.0%) were influenza B viruses. Among the influenza A viruses, 7,191 (29.5%) were subtyped; 7,189 (99.9%) were influenza A (H3N2) viruses, and two (0.1%) were influenza A (H1) viruses. The proportion of specimens testing positive for influenza first increased to >10% during the week ending October 25, 2003 (week 43), peaked at 35.2% during the week ending November 29 (week 48), and declined to <10% during the week ending January 17, 2004 (week 2). The peak percentage of specimens testing positive for influenza during the previous four seasons had ranged from 23% to 31% and peaked during late December to late February (1; CDC, unpublished data, 2004).

As of June 15, 2004, CDC had antigenically characterized 1,024 influenza viruses collected by U.S. laboratories since October 1, 2003: 949 influenza A (H3N2) viruses, three influenza A (H1) viruses, one influenza A (H7N2) virus, and 71 influenza B viruses. Of the 949 influenza A (H3N2) isolates characterized, 106 (11.2%) were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), and 843 (88.8%) were similar to the drift variant, A/Fujian/411/2002 (H3N2). Of the three A (H1) isolates that were characterized, two were H1N1 viruses, and one was an H1N2 virus. The hemagglutinin proteins of the influenza A (H1) viruses were similar antigenically to the hemagglutinin of the vaccine strain A/New Caledonia/20/99. Of the 71 influenza B isolates that were characterized, 66 (93%) belonged to the B/Yamagata/16/88 lineage and were similar antigenically to B/Sichuan/379/99, and five (7%) belonged to the B/Victoria/2/87 lineage and were similar antigenically to the corresponding vaccine strain B/Hong Kong/330/2001.

ILI Surveillance. The weekly percentage of patient visits to U.S. sentinel physicians for ILI exceeded baseline levels[†] (0–2.5%) during the weeks ending November 15, 2003–January 10, 2004 (weeks 46–1) and peaked at 7.6% during the week ending December 27, 2003 (week 52). During the previous four influenza seasons, the peak percentage of patient visits for ILI ranged from 3.3% to 7.1% and peaked during late January and February (CDC, unpublished data, 2004).

State-Specific Activity Levels. Widespread influenza activity was first reported by Texas for the week ending October 18, 2003, and peaked during the week ending December 20 (week 51), when 45 states reported widespread

[†] The national baseline was calculated as the mean percentage of patient visits for ILI during noninfluenza weeks plus two standard deviations. A noninfluenza week is a week during which <10% of specimens tested positive for influenza. Wide variability in regional data precludes calculating region-specific baselines and makes it inappropriate to apply the national baseline to regional data. National and regional percentages of patient visits for ILI are weighted on the basis of state population.

and four states reported regional influenza activity[§]. No states reported widespread, regional, or local influenza activity during the weeks ending March 20–April 10, 2004 (weeks 11–14). One state reported regional activity for the weeks ending April 17, April 24, and May 8 because of nursing home outbreaks in more than two counties (weeks 15, 16, and 18). The peak number of states reporting widespread or regional activity during the previous four seasons ranged from 35 to 44 states (CDC, unpublished data, 2004).

Pneumonia- and Influenza-Related Mortality. As measured by the 122 Cities Mortality Reporting System, the percentage of deaths in the United States attributed to pneumonia and influenza (P&I) exceeded the epidemic threshold[¶] during 9 consecutive weeks (weeks ending December 20–February 14). The percentage of P&I deaths reached a peak of 10.3% during the weeks ending January 10–17, 2004 (weeks 1 and 2). During the previous four influenza seasons, the peak percentage of P&I deaths ranged from 8.1% to 11.2% (1; CDC, unpublished data, 2004).

Pediatric Mortality. As of May 31, 2004, a total of 152 influenza-associated deaths in U.S. residents aged <18 years were reported to CDC by 40 states. All patients had influenza virus infection detected by rapid antigen testing, viral culture, or other laboratory methods. These data are provisional and subject to change as more information becomes available.

Worldwide

During October 2003–May 2004, influenza A viruses circulated widely. Influenza activity began in October, which was earlier than usual in North America and Western Europe; the reported impact was more severe than the previous three seasons. Influenza A (H3N2) viruses predominated in most countries, whereas influenza A (H1) and B viruses circulated at low levels in most parts of the world.

Influenza A (H3N2) viruses predominated and were associated with outbreaks in Asia (Hong Kong and Japan), Europe (Belgium, Croatia, Denmark, Finland, France, Germany, Israel, Italy, Latvia, Norway, Portugal, Romania, the Russian Federation, Spain, Sweden, Switzerland, Ukraine, and

the United Kingdom), and North America (Canada). H3N2 viruses also were reported in Africa (Algeria, Egypt, Madagascar, Morocco, and Senegal), Asia (China, India, Malaysia, the Philippines, Qatar, Republic of Korea, Saudi Arabia, Singapore, Taiwan, Thailand, and Vietnam), the Caribbean (Jamaica), Europe (Austria, Belarus, Bulgaria, Czech Republic, Greece, Hungary, Iceland, Ireland, Kyrgyzstan, the Netherlands, Poland, Serbia and Montenegro, Slovakia, and Turkey), Latin America (Argentina, Brazil, Chile, Colombia, Guyana, Nicaragua, Paraguay, Peru, and Uruguay), North America (Mexico), and Oceania (Australia, Guam, New Caledonia, and New Zealand). The majority of H3N2 viruses were similar to the A/Fujian/411/2002 drift variant.

Influenza A (H1) viruses circulated at low levels in most parts of the world, and outbreaks were reported in Europe (Iceland, Ukraine, and the United Kingdom). Influenza A (H1N1) and (H1) viruses for which the neuraminidase was not characterized were isolated in Africa (Morocco and Senegal), Asia (China, Japan, Republic of Korea, Malaysia, Singapore, and Taiwan), Europe (Belarus, Denmark, France, Greece, Italy, Portugal, the Russian Federation, Sweden, and the United Kingdom), Latin America (Brazil, Chile, and Peru), and North America (Canada). Influenza A (H1N2) viruses were isolated in Africa (Senegal), Europe (France, Iceland, Norway, and Portugal), Latin America (Brazil, Chile, and Peru), and North America (Canada).

Influenza B viruses were not reported in association with outbreaks but were isolated in Africa (Madagascar), Asia (China, Hong Kong, Japan, Malaysia, Republic of Korea, Taiwan, and Thailand), the Caribbean (Jamaica), Europe (Belarus, Czech Republic, Finland, France, Hungary, Ireland, Italy, Norway, the Russian Federation, Sweden, Switzerland, and the United Kingdom), Latin America (Brazil, Chile, Colombia, Panama, Paraguay, and Peru), North America (Canada and Mexico), and Oceania (Australia and Guam).

Human Infections with Avian Influenza Viruses

In December 2003, one confirmed case of avian influenza A (H9N2) virus infection was reported in a child aged 5 years in Hong Kong. The child had fever, cough, and nasal discharge in late November, was hospitalized for 2 days, and fully recovered. The source of this child's H9N2 infection is unknown.

During January–March 2004, a total of 34 confirmed human cases of avian influenza A (H5N1) virus infection were reported in Vietnam and Thailand. The cases were associated with severe respiratory illness requiring hospitalization and a case-fatality proportion of 68% (Vietnam: 22 cases, 15 deaths; Thailand: 12 cases, eight deaths). A substantial proportion of the cases were among children and young adults (i.e., persons

[§] Levels of activity are 1) *no activity*; 2) *sporadic*—isolated laboratory-confirmed influenza cases or laboratory-confirmed outbreak in one institution, with no increase in activity; 3) *local*—increased ILI in one region, or at least two institutional outbreaks (ILI or laboratory-confirmed influenza) in one region; virus activity is no greater than sporadic in other regions; 4) *regional*—increased ILI activity or outbreaks (ILI or laboratory-confirmed influenza) in at least two but fewer than half of the regions in the state; and 5) *widespread*—increased ILI activity or outbreaks (ILI or laboratory-confirmed influenza) in at least half the regions in the state.

[¶] The expected seasonal baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected by using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I during the previous 5 years. The epidemic threshold is 1.654 standard deviations above the seasonal baseline (1).

aged 5–24 years). These cases were associated with widespread outbreaks of highly pathogenic** H5N1 influenza among domestic poultry.

During March 2004, health authorities in Canada reported two confirmed cases of avian influenza A (H7N3) virus infection in poultry workers who were involved in culling of poultry during outbreaks of highly pathogenic H7N3 on farms in the Fraser River Valley, British Columbia. One patient had unilateral conjunctivitis and nasal discharge, and the other had unilateral conjunctivitis and headache. Both illnesses resolved without hospitalization.

During the 2003–04 influenza season, a case of avian influenza A (H7N2) virus infection was detected in an adult male from New York, who was hospitalized for upper and lower respiratory tract illness in November 2003. Influenza A (H7N2) virus was isolated from a respiratory specimen from the patient, whose acute symptoms resolved. The source of this person's infection is unknown.

Composition of the Influenza Vaccine for the 2004–05 Season

On the basis of antigenic analyses of recently isolated influenza viruses, epidemiologic data, and postvaccination serologic studies in humans, the Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee (VRBPAC) recommended that the 2004–05 trivalent influenza vaccine for the United States contain A/New Caledonia/20/99-like (H1N1), A/Fujian/411/2002-like (H3N2), and B/Shanghai/361/2002-like viruses.

Because of the growth properties of the A/Wyoming/3/2003 and B/Jiangsu/10/2003 viruses, U.S. vaccine manufacturers are using these antigenically equivalent strains in the vaccine as the H3N2 and B components, respectively. The A/New Caledonia/20/99 virus will be retained as the H1N1 component of the vaccine.

Reported by: WHO Collaborating Center for Surveillance, Epidemiology, and Control of Influenza. T Uyeki, MD, K Teates, MPH, L Brammer, MPH, A Klimov, PhD, K Fukuda, MD, N Cox, PhD, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

Editorial Note: During the 2003–04 influenza season, influenza activity in the United States began and peaked earlier than usual and was more severe than the previous three seasons.

Moreover, a substantial number of laboratory-confirmed, influenza-associated pediatric deaths were reported in the United States. Because no similar national data were collected previously, whether this number of pediatric deaths represents a change from previous seasons is unknown. One modeling study estimated that, during 1990–1999, approximately 92 influenza-related deaths occurred annually among children aged <5 years (2). In June 2004, the Council of State and Territorial Epidemiologists (CSTE) voted to make pediatric influenza-associated deaths a nationally notifiable condition. CDC is working closely with CSTE to implement reporting.

Beginning with the 2004–05 influenza season, the Advisory Committee on Immunization Practices (ACIP) recommends that all children aged 6–23 months and close contacts of children aged 0–23 months receive annual influenza vaccination (3). ACIP continues to recommend that all persons aged >6 months with certain chronic underlying medical conditions, their household contacts, and health-care workers receive annual influenza vaccination (3).

As the season progressed, A/Fujian/411/2002 (H3N2) viruses, which were antigenically distinguishable from the vaccine strain A/Panama/2007/99 (H3N2), became predominant, resulting in a less than optimal match. An initial study to assess the effectiveness of the 2003–04 influenza vaccine against ILI in health-care workers did not demonstrate effectiveness (4); however, preliminary analyses of three additional unpublished studies of influenza vaccine effectiveness among children and adults in the United States were presented at the ACIP meeting on June 23, 2004, and all demonstrated vaccine effectiveness.

The season also was notable because several persons were infected by avian influenza viruses. The H7N2 case associated with an illness in November 2003 is the second confirmed case of human infection with avian influenza A (H7N2) virus reported in the United States. One previous case was reported in a person involved in culling activities, when an outbreak of H7N2 occurred among turkeys and chickens at commercial farms in Virginia during 2002 (5). In both cases, no person-to-person transmission of H7N2 viruses was evident, and both persons made a full recovery from their acute respiratory illnesses.

The H9N2 case identified in Hong Kong in December 2003 was the first confirmed human case since 1998 and 1999, when H9N2 infections were identified in China and Hong Kong Special Administrative Region, respectively. All H9N2 infections were associated with uncomplicated ILI, and no evidence of person-to-person transmission of H9N2 viruses has been reported (6).

The two confirmed cases of avian influenza A (H7N3) virus infections identified in Canada are the first reported with

** Avian influenza (AI) viruses are classified into low pathogenic (LPAI) and high pathogenic (HPAI) forms on the basis of genetic sequence and the severity of illness they cause in infected birds. The majority of AI virus strains are LPAI and typically cause little or no clinical signs in infected birds; however, some LPAI virus strains can mutate under field conditions into HPAI viruses. Additional information is available at http://www.aphis.usda.gov/lpa/issues/ai_us/ai_us.html and http://www.oie.int/eng/avian_influenza/home.htm.

trust•wor•thy: *adj*

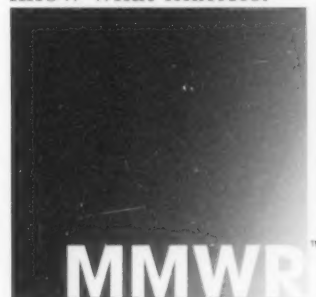
('trəst-"wər-thē) 1 : worthy of belief

2 : capable of being depended upon;

see also *MMWR*.



know what matters.



this virus and were associated with an outbreak of highly pathogenic H7N3 among poultry. Both cases were in poultry workers with direct contact with H7N3-infected poultry; additional information about these cases is available at http://www.who.int/csr/don/2004_04_05/en. These patients had mild illness, were treated with oseltamivir, and fully recovered. No evidence of person-to-person transmission was identified.

The 34 confirmed human cases of avian influenza A (H5N1) virus infection in Vietnam and Thailand represent the largest human outbreak of H5N1. All human cases were associated with an unprecedented, widespread, ongoing epizootic of highly pathogenic H5N1 virus affecting domestic poultry at large and small farms, live bird markets, and backyard farms in Asia. Eight Asian countries have reported H5N1 poultry outbreaks, and >100 million domestic poultry have been culled; additional information is available at http://www.oie.int/download/avian%20influenza/a_ai-asia.htm. Confirmed human H5N1 cases had severe illness and high mortality. The majority of cases occurred during January and February among children and young adults who had direct contact with live, sick, or dead poultry (7,8). Genetic analysis of some recent human H5N1 isolates from Vietnam and Thailand revealed that all genes were of avian origin, and the isolates were resistant to amantadine and rimantadine, but susceptible to oseltamivir. No evidence of efficient person-to-person transmission of H5N1 viruses has been identified to date. During 1997, an outbreak of H5N1 resulted in 18 cases and six deaths in Hong Kong, but human-to-human transmission was rare (9).

In response to the confirmed human infections with avian influenza A (H5N1) viruses, WHO activated its Pandemic Plan Phase 0, Level 2 (additional information is available at <http://www.who.int/csr/resources/publications/influenza/en/whocdscsredc991.pdf>); CDC issued recommendations for evaluation, reporting, laboratory testing (10), and enhanced influenza surveillance for state health departments. H5N1 poultry outbreaks have been controlled in South Korea and Japan. However, the degree to which H5N1 poultry outbreaks in Cambodia, China, Indonesia, Laos, Thailand, and Vietnam have been controlled is uncertain. For this reason, CDC continues to recommend enhanced surveillance for suspected H5N1 cases among travelers with severe unexplained respiratory illness returning from H5N1-affected countries (additional information is available at <http://www.phppo.cdc.gov/han/archivesys/viewmsgv.asp?alertnum=00204>).

Influenza vaccine manufacturers project that approximately 90–100 million total doses of influenza vaccine will be available for distribution during the 2004–05 season in the United States. These influenza vaccine projections are preliminary and could change as the season progresses. CDC has contracted to purchase up to 8 million doses of influenza vaccine for use in

the public sector, including up to 3 million doses of preservative-free vaccine for children. CDC also has received \$40 million through the Vaccines for Children program to purchase approximately 4–4.5 million doses of influenza vaccine for a national stockpile, which could be made available to state and local health departments and manufacturers for distribution.

Acknowledgments

This report is based on data contributed by participating state and territorial epidemiologists and state public health laboratory directors, World Health Organization (WHO) collaborating laboratories, National Respiratory and Enteric Virus Surveillance System collaborating laboratories, U.S. Influenza Sentinel Provider Surveillance System, WHO National Influenza Centers, WHO Global Influenza Programme, Geneva, Switzerland. A Hay, PhD, WHO Collaborating Center for Reference and Research on Influenza, National Institute for Medical Research, London, England. I Gust, MD, A Hampson, WHO Collaborating Center for Reference and Research on Influenza, Parkville, Australia. M Tashiro, MD, WHO Collaborating Center for Reference and Research on Influenza, National Institute of Infectious Diseases, Tokyo, Japan. W Lim, PhD, Government Virus Unit, Dept of Health, Hong Kong Special Administrative Region. Fraser Health Authority, British Columbia, British Columbia Centre for Disease Control, British Columbia Ministry of Health, Health Canada. B Ostrowsky, MD, A Huang, MD, Westchester County Dept of Health, New York; M Kacica, MD, B Wallace, MD, P Smith, MD, New York State Dept of Health, Div of Public Health Surveillance and Informatics, Epidemiology Program Office; National Immunization Program, CDC.

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Surveillance Data from Public Spa Inspections — United States, May–September 2002

Approximately 5 million public and private hot tubs, whirlpools, and spas* are used in the United States (1). Extensive spa use combined with inadequate maintenance contribute to recreational water illnesses (RWIs) caused by pathogens such as *Pseudomonas* spp., *Legionella* spp., and *Mycobacterium* spp. (2–5). In the United States, local environmental health inspectors periodically inspect public spas to determine their compliance with local or state health regulations. During inspections for regulatory compliance, data pertaining to spa water chemistry, filtration and recirculation, and management and operations are collected. This report summarizes spa inspection data from six sites in the United States during May 1–September 1, 2002. The findings underscore the utility of these data for public health decision-making and the need for increased training and vigilance by operators to ensure high-quality spa water for use by the public.

Data from 5,209 inspections of spas were collected from the Florida Department of Health, Bureau of Water Programs (n = 4,463); the Los Angeles County Recreational Water Program, California (n = 588); the City of St. Paul Office of License, Inspections, and Environmental Protection, Minnesota (n = 53); the Wyoming Department of Agriculture (n = 49); the Allegheny County Department of Health, Pennsylvania (n = 35); and the St. Louis County Department of Public Health, Minnesota (n = 21). The sites selected were a convenience sample of spa inspection programs with computerized data available. The data were merged into an SAS database, including date of inspection, water chemistry data (e.g., disinfectant residual and pH level), mechanical system data (e.g., operating filters and water turnover rates), and policy and management data (e.g., record keeping and operator training). A violation was noted when an inspection item was not in compliance with state or local regulations. Other inspection items (e.g., support facilities and injury control) were not addressed in this analysis.

A total of 5,378 violations were documented during the 5,209 inspections; 2,736 (52.5%) inspections occurred in spas

for which the location (e.g., hotel or motel) was known (Table 1). Approximately half (56.8%) of the inspections (2,958 of 5,209) had one or more violations (median: one; range: one to eight). Eleven percent (500 of 4,533) of inspections resulted in the immediate closing of spas, pending correction of the violation item(s). Water chemistry violations constituted 50.7% of all violations (2,725 of 5,378); followed by filtration and recirculation systems, 32.2% (1,732 of 5,378); and policy and management, 17.1% (921 of 5,378). Various violations for policy and management issues were documented; during inspections, 23.3% (162 of 695) of spa operators lacked required training, and 12.7% (654 of 5,153) had inadequate record keeping. For the 52.5% of inspections for which spa location could be ascertained, a range of violations occurred (Table 2). For known locations collecting disinfectant residual data, the highest percentages of violations occurred in campgrounds (21.9%) and hotel/motel spas (19.6%). The percent-

TABLE 1. Number and percentage of spa inspections* reporting specific violations of state or local health regulations, by type of violation and spa location† — United States, May–September 2002

| Type of violation/Action | Known spa location‡ | | Unknown spa location§ | | Total** | |
|-----------------------------------|---------------------|--------|-----------------------|--------|---------|--------|
| | No. | (%) | No. | (%) | No. | (%) |
| Water chemistry | | | | | | |
| Disinfectant residual | 463 | (17.0) | 426 | (17.3) | 889 | (17.1) |
| pH level | 427 | (15.7) | 330 | (13.4) | 757 | (14.6) |
| Other water chemistry†† | 455 | (16.6) | 448 | (18.1) | 903 | (17.3) |
| Mechanical system | | | | | | |
| Filtration/Recirculation system§§ | 739 | (27.0) | 680 | (27.7) | 1,419 | (27.3) |
| Policy/Management | | | | | | |
| Test kit | 48 | (1.8) | 57 | (2.3) | 105 | (2.0) |
| Operator training | 85 | (22.5) | 77 | (24.3) | 162 | (23.3) |
| Log/Record keeping | 281 | (10.3) | 373 | (15.4) | 654 | (12.7) |
| Spa closed upon inspection | 269 | (11.4) | 231 | (10.6) | 500 | (11.0) |

* Numbers reported are for those sites collecting data on the specified violation. Although 5,209 inspections were conducted, the number of inspections collecting data for each specific violation (denominator) varied because of a lack of uniform data collection among sites. In addition, each aggregate variable might include multiple violations, and single spa inspections could have multiple violations. As a result, percentage totals do not add to 100%.

† Locations included gyms, campgrounds, schools, and hospitals.

‡ Range (R) in number of inspections collecting violation data for each spa location = 378–2,736.

§ R = 317–2,473.

** R = 695–5,209.

†† Aggregate variable: A positive could include one or more violations in any area (algae, bacterial quality, cyanurate levels, disinfectant/pH chemical feeders, total alkalinity, calcium hardness, and turbidity).

§§ Aggregate variable: A positive could include one or more violations in any area (backwash, cross connections, filter, flow meter, pressure gauges, recirculation system, and turnover).

* Any structure, basin, chamber, or tank, located either indoors, outdoors, or both, containing a body of water for recreational and therapeutic use, which usually contains a waterjet or aeration system. The spa is operated at high temperatures and usually not drained, cleaned, or refilled after each use. Jurisdictions usually exclude from regulation those units found at residences or facilities used by or under the direct supervision and control of licensed medical personnel. These structures also can be referred to as hot tubs or whirlpools but are generically referred to as spas in this report.

TABLE 2. Number and percentage of spa inspections* reporting specific violations of state or local health regulations, by type of violation and spa location — United States, May–September 2002

| Type of violation/Action | Hotel/ Motel [†] | | Condo/ Apartments [§] | | Private club/Gym [¶] | | Campgrounds ^{**} | |
|---|---------------------------|--------|--------------------------------|--------|-------------------------------|--------|---------------------------|--------|
| | No. | (%) | No. | (%) | No. | (%) | No. | (%) |
| Water chemistry | | | | | | | | |
| Disinfectant residual | 188 | (19.6) | 238 | (16.6) | 23 | (9.1) | 14 | (21.9) |
| pH level | 147 | (15.4) | 232 | (16.2) | 36 | (14.2) | 9 | (14.1) |
| Other water chemistry ^{††} | 144 | (14.9) | 259 | (18.1) | 34 | (13.4) | 15 | (22.4) |
| Mechanical system | | | | | | | | |
| Filtration/Recirculation system ^{§§} | 267 | (27.6) | 383 | (26.8) | 66 | (26.0) | 16 | (23.9) |
| Policy/Management | | | | | | | | |
| Test | 17 | (1.8) | 26 | (1.8) | 1 | (0.4) | 3 | (4.5) |
| Operator training | 7 | (12.3) | 72 | (25.4) | 6 | (17.6) | NC ^{¶¶} | |
| Log/Record keeping | 87 | (9.0) | 160 | (11.2) | 27 | (10.6) | 6 | (9.0) |
| Spa closed upon inspection | 111 | (12.2) | 123 | (10.7) | 25 | (11.4) | 10 | (15.1) |

* Numbers reported are for those sites collecting data on the specified violation. Although 5,209 inspections were conducted, the number of inspections collecting data for each specific violation (denominator) varied because of a lack of uniform data collection among sites. In addition, each aggregate variable might include multiple violations, and single spa inspections could have multiple violations. As a result, percentage totals do not add to 100%.

[†] Range (R) in number of inspections collecting violation data for each spa location = 57–966.

[§] R = 283–1,431.

[¶] R = 34–254.

^{**} R = 64–67.

^{††} Aggregate variable: A positive could include one or more violations in any area (algae, bacterial quality, cyanurate levels, disinfectant/pH chemical feeders, total alkalinity, calcium hardness, and turbidity).

^{§§} Aggregate variable: A positive could include one or more violations in any area (backwash, cross connections, filter, flow meter, pressure gauges, recirculation system, and turnover).

^{¶¶} Not collected.

age of inspections that documented pH level violations, which can compromise disinfectant efficiency, ranged from 14.1%–16.2% in known locations. Of those inspections that revealed violations that warranted spa closure, the highest percentages also were in campgrounds (15.1%) and hotel/motel spas (12.2%).

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Editorial Note: Environmental health inspections can identify weaknesses in the management and inspection of spas. In this report, the proportions of spa inspections in violation of local ordinances (56.8%) or requiring immediate closure (11.0%) are similar to those documented for public swimming pools (54.1% and 8.3%, respectively) (6). The inspections document a gap in the training of spa operators; more than 20% of spa inspections cited operators who had not

received adequate training. These data emphasize that spa operators can protect the health of users by adhering to maintenance procedures and obtaining appropriate training; regular public health enforcement of these items is necessary.

The findings also demonstrate the utility of maintaining spa inspection data in a computerized format that can be analyzed routinely and used to evaluate spa inspection programs. CDC and state and local health departments are developing guidance for systematic data collection to maximize the utility of data analysis for setting spa inspection program priorities. Consistency of data collection should allow for enhanced surveillance of spas and better evidence-based public health decision-making.

The findings in this report are subject to at least two limitations. First, the results from this analysis might not be generalizable to the entire United States because of the data's limited geographic variability (>85% of the inspections were in Florida), and these data are from the 2002 swim season. Second, data collection from the various localities revealed that database structures and variables differed and that collected data were not always entered in the database.

Poor disinfectant and pH control, high temperatures that quickly dissipate disinfectant, small water volumes, poor hygiene, high bather loads, inadequate maintenance, and opportunities for environmental contamination of the water can lead to proliferation and to pathogen contamination in

the spa environment (7,8). RWIs spread through spa use are typically skin and respiratory infections in contrast to gastrointestinal illnesses commonly associated with full-body recreational activities found in swimming pools. During 1999–2000, a total of 13 reported outbreaks of infectious diseases, affecting 183 persons, were attributable to public and private spa use (2).

The high temperature of water in spas makes them particularly vulnerable to depletion of disinfectant, which facilitates pathogen amplification. Pathogens such as *Pseudomonas* spp. can multiply rapidly when the disinfectant residual falls below 0.5 mg/L or the pH rises above 8.0 (7). Pathogens also can reside in biofilm layers that form in spa pipes and surfaces, where they can be protected from disinfection (9), which necessitates routine scrubbing and maintenance to decrease biofilm formation (Box). Because domestic acquisition of *Legionella* spp. appears to be travel-related (3), venues (e.g., campgrounds and hotels or motels) should pay particular attention to operator training and maintenance of their spas.

Spa users also should play a role in reducing their risk for illness (Box). Improved public education about the health risks associated with spa use can reduce the risk for illness and increase advocacy for improved maintenance and monitoring by operators. However, successful prevention strategies must be multifaceted and address spa design, operator and inspector training, maintenance, hygiene, as well as public education. Additional information and health communication materials designed to reduce the spread of RWIs are available at <http://www.cdc.gov/healthyswimming>.

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BOX. Recommendations for operating and using public spas

Spa operation

- Obtain state or local authority—recommended operator training. Suggested national training courses are listed at <http://www.cdc.gov/healthyswimming/courses.htm>.
- Maintain free chlorine or bromine levels continuously between 2–5 parts per million (10).
- Test disinfectant levels at least daily (hourly when in heavy use).
- Maintain the pH level of the water at 7.2–7.8 (10).
- Scrub spa surfaces if they have a slime layer.
- Maintain the filtration and recirculation system according to manufacturer recommendations.
- Drain and replace all or portions of the water on a weekly to monthly basis, depending on usage and water quality.
- Treat the spa with a biocidal shock treatment on a daily to weekly basis, depending on water quality and frequency of water changing.
- Cover spas, if possible, to minimize loss of disinfectant and reduce the levels of environmental contamination (e.g., debris and dirt).
- Maintain accurate daily records of disinfectant and pH measurements.
- Educate spa users about appropriate use (e.g., signs and handouts).

Spa users

- Shower or bathe with soap before entering the spa.
- Observe limits, if posted, on the maximum allowable number of bathers.

Additional spa safety

- Prevent the temperature from exceeding 104°F (40°C).
- If pregnant, consult a physician before spa use, particularly in the first trimester.
- Exclude children aged <5 years from using spas*.
- Maintain a locked safety cover for the spa when possible.
- Prevent entrapment injuries with appropriate drain design and configuration.

* Additional information is available at <http://www.aap.org/pubserv/backyd.htm>.

*"When the mind is ready,
a teacher appears."*

Chinese Proverb

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Racial Disparities in Tuberculosis — Selected Southeastern States, 1991–2002

Despite substantial declines in tuberculosis (TB) in the United States, in 2002, non-Hispanic blacks continued to have TB at rates eight times greater than non-Hispanic whites (1). To better understand racial disparities in TB, CDC analyzed surveillance data collected during 1991–2002, comparing TB cases in seven southeastern states* where TB rates were higher than the national average with TB cases in the rest of the United States. This report summarizes the results of that analysis, which indicated that TB rates among non-Hispanic blacks in the seven southeastern states continued to exceed those among non-Hispanic whites but were similar to rates among non-Hispanic blacks in the rest of the country. In addition, non-Hispanic blacks with TB in the southeastern states were more likely than non-Hispanic whites to report certain risk factors, suggesting that differences in socioeconomic status might create barriers to diagnosis and treatment. The continued disparity in TB cases underscores the need for effective, targeted strategies to prevent TB in non-Hispanic blacks.

CDC conducts public health surveillance for TB nationwide in collaboration with health departments in all 50 states, the District of Columbia, and New York City†. Data were examined for seven southeastern states where annual TB rates were above the national average for ≥ 8 years during 1991–2002‡. Only persons describing themselves as non-Hispanic black or non-Hispanic white were included. Definitions for additional data collected by the national TB surveillance system have been published previously (1,2).

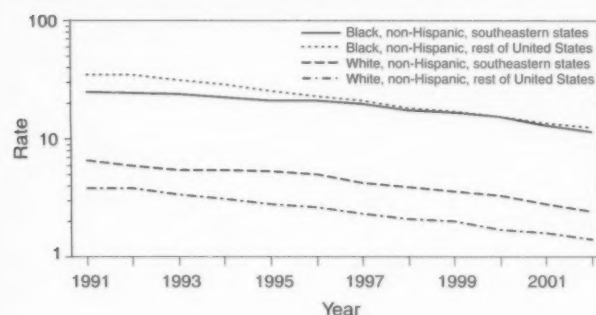
During 1991–2002, the seven states reported a total of 32,414 TB cases, including 18,038 (56%) among non-Hispanic blacks and 11,506 (35%) among non-Hispanic whites. In 2002, the TB rate for non-Hispanic blacks in the region was 11.3 per 100,000 population, 4.7 times greater than the rate (2.4) for non-Hispanic whites. During 1991–2002, TB rates declined 54% for non-Hispanic blacks and 64% for non-Hispanic whites (Figure). During 1991–1996, the average yearly decline in TB rates for non-Hispanic blacks was 3.2% in the southeastern states, compared with 5.3% for non-Hispanic whites. During 1997–2002, the average yearly decline was 9.5% for non-Hispanic blacks and 11.4% for non-Hispanic whites. The ratio

* Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, and Tennessee. Florida was not included because of a substantially higher proportion (24% versus 2% in 1991) of TB cases among foreign-born persons than the other seven southeastern states.

† Puerto Rico and other U.S. jurisdictions that report TB cases to CDC were not included.

‡ Using information updated through March 2003.

FIGURE. Tuberculosis (TB) rate* for non-Hispanic blacks and non-Hispanic whites, by racial population — selected southeastern states† and rest of United States‡, 1991–2002



* Per 100,000 population.

† Seven southeastern states (Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, and Tennessee) where annual TB rates were above the national average for ≥ 8 years during 1991–2002.

‡ Remaining 43 states and the District of Columbia.

of TB rates in non-Hispanic blacks to rates in non-Hispanic whites increased slightly, from an annual average of 4.0 during 1991–1996 to 4.6 during 1997–2002.

In 2002, non-Hispanic black TB patients in the seven states were more likely than non-Hispanic white patients to have TB risk factors that often are associated with lower socioeconomic status (Table). Non-Hispanic blacks were more likely than non-Hispanic whites to report excess alcohol use (24% versus 17%, respectively) and drug use (13% versus 6%, respectively) during the 12 months before receiving a diagnosis of TB. Non-Hispanic blacks also were more likely than non-Hispanic whites to be inmates at a correctional facility at the time of TB diagnosis (5% versus 2%, respectively) and more likely to be coinfecting with human immunodeficiency virus (HIV) (13% versus 4%, respectively). The percentage of TB patients who were children aged <5 years was greater among non-Hispanic blacks (5%) than among non-Hispanic whites (1%). The percentage of non-Hispanic blacks in the seven states who had all or part of their TB therapy observed

TABLE. Number and percentage* of non-Hispanic blacks and non-Hispanic whites with tuberculosis (TB), by race, selected risk factors, and treatment characteristics — selected southeastern states† and rest of United States‡, 2002

| Risk factor/ Treatment characteristic | Southeastern states | | | | | | Rest of United States | | | | | |
|--|------------------------|----------|------------------------|----------|-------------|----------|------------------------|------|------------------------|------|-------------|------|
| | Black, non-Hispanic | | White, non-Hispanic | | Total | | Black, non-Hispanic | | White, non-Hispanic | | Total | |
| | No. | (%) | No. | (%) | No. | (%) | No. | (%) | No. | (%) | No. | (%) |
| Risk factor | (n = 995) | | (n = 533) | | (n = 1,528) | | (n = 3,444) | | (n = 2,508) | | (n = 5,952) | |
| Excessive alcohol use ^{††} | 230 | (24) | 88 | (17) | 318 | (22) | 628 | (19) | 428 | (18) | 1,056 | (19) |
| Drug use ^{††} | 121 | (13) | 30 | (6) | 151 | (10) | 456 | (14) | 172 | (7) | 628 | (11) |
| Correctional inmate at diagnosis | 51 | (5) | 13 | (2) | 64 | (4) | 152 | (4) | 54 | (2) | 206 | (3) |
| Human immunodeficiency virus status | | | | | | | | | | | | |
| Positive | 134 | (13) | 23 | (4) | 157 | (10) | 698 | (20) | 122 | (5) | 820 | (14) |
| Negative | 640 | (64) | 327 | (61) | 967 | (63) | 1,535 | (45) | 956 | (38) | 2,491 | (42) |
| Unknown | 221 | (22) | 183 | (34) | 404 | (26) | 1,211 | (35) | 1,425 | (57) | 2,636 | (44) |
| Treatment characteristic | | | | | | | | | | | | |
| Directly observed therapy** | (n = 1,239) | | (n = 687) | | (n = 1,926) | | (n = 3,671) | | (n = 2,739) | | (n = 6,410) | |
| All | 823 | (70) | 396 | (60) | 1,219 | (66) | 1,964 | (54) | 1,332 | (49) | 3,296 | (51) |
| Part | 284 | (24) | 166 | (25) | 450 | (24) | 1,072 | (29) | 623 | (23) | 1,695 | (26) |
| None (all self-administered) | 77 | (7) | 94 | (14) | 171 | (9) | 635 | (17) | 784 | (29) | 1,419 | (22) |
| Completed therapy within 1 year** | (n = 1,125) | | (n = 605) | | (n = 1,730) | | (n = 3,334) | | (n = 2,426) | | (n = 5,760) | |
| | 908 | (81) | 484 | (80) | 1,392 | (80) | 2,689 | (81) | 1,978 | (82) | 4,667 | (81) |
| Anti TB-drug resistance†† | (n = 709) | | (n = 397) | | (n = 1,106) | | (n = 2,602) | | (n = 1,845) | | (n = 4,447) | |
| Isoniazid | 26 | (4) | 15 | (4) | 41 | (4) | 140 | (5) | 80 | (4) | 220 | (5) |
| Isoniazid and rifampin | 3 | (<1) | 1 | (<1) | 4 | (<1) | 23 | (1) | 15 | (1) | 38 | (1) |

* Except for unknown human immunodeficiency virus status, persons with unknown risk factors or treatment characteristics were excluded from percentage calculations.

† Seven southeastern states (Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, and Tennessee) where annual TB rates were above the national average for ≥ 8 years during 1991–2002.

‡ The remaining 43 states and the District of Columbia.

†† During 12 months before having TB diagnosed.

** Data from 2000, the latest year with outcomes. Completed therapy data exclude persons who died during therapy, persons with initial isolate resistant to rifampin, and pediatric (aged <15 years) patients with meningeal, bone or joint, or miliary disease.

†† Resistance to at least the drugs listed.

directly by a health-care worker (94%) was greater than the percentage for non-Hispanic whites (85%).

During 1991–2002, TB among foreign-born persons in the seven southeastern states increased from 0.2% to 7% for non-Hispanic blacks and from 0.1% to 3% for non-Hispanic whites. In 2002, in the rest of the United States, foreign-born persons accounted for 28% of TB among non-Hispanic blacks and 19% among non-Hispanic whites.

Non-Hispanic blacks with TB in the rest of the United States shared characteristics with non-Hispanic blacks with TB in the seven states. In 2002, the TB rate for non-Hispanic blacks in the rest of the United States (12.4 per 100,000 population) was similar to that for non-Hispanic blacks in the southeastern states (11.3). However, the TB rate for non-Hispanic whites in the rest of the United States (1.4) was 42% lower than the rate for non-Hispanic whites in the seven states (2.4), resulting in a black-to-white rate ratio of 8.9 in the rest of the United States, almost two times greater than the rate ratio in the seven states (4.7). During 1997–2002, non-Hispanic blacks and non-Hispanic whites in the rest of the United States experienced average yearly declines in TB rates (9.5% and 9.7%, respectively) similar to those observed in the seven southeastern states. Risk factors reported by non-Hispanic black TB patients in the seven states were similar to those reported by black patients in the rest of the United States, with the exception of excessive alcohol use, which was reported by 24% in the seven states and by 19% in the rest of the United States (Table).

Reported by: Div of Tuberculosis Elimination, National Center for HIV, STD, and TB Prevention, CDC.

Editorial Note: The rate of TB among both non-Hispanic blacks and non-Hispanic whites has declined substantially in recent years; however, racial disparities in TB continue. Effective, targeted programs are needed to achieve the 2010 national objective to reduce new TB cases to 1.0 per 100,000 population across all racial/ethnic populations (objective 14-11) (3).

The reasons for racial disparities in TB rates are multifactorial and require further study. The findings in this report indicate that TB rates and risk factors are similar for non-Hispanic blacks in the seven southeastern states and in the rest of the country. Approximately 56% of TB cases in the seven states occurred among non-Hispanic blacks because a higher proportion of the population in the region is non-Hispanic black (27% versus 11% in the rest of the United States, respectively).

The finding that the percentage of TB cases in children aged <5 years is higher in non-Hispanic blacks than in non-Hispanic whites suggests that a greater proportion of TB disease in blacks than whites might be the result of the recent

transmission of *Mycobacterium tuberculosis*⁴. A previous study determined that 44% of non-Hispanic blacks with TB had *M. tuberculosis* isolates with DNA genotypes that matched an isolate from one or more other patients, compared with 20% of non-Hispanic whites with TB (4). Patients with genetically clustered isolates represent recent transmission more commonly than TB patients with genetically unique isolates.

Among persons with TB in the seven states studied, non-Hispanic blacks were more likely than non-Hispanic whites to report certain risk factors (e.g., drug use, excessive alcohol use, incarceration, infection with HIV) often associated with being socioeconomically disadvantaged or immunocompromised. Differences in socioeconomic status have been identified as key predictors of TB rates (5). As of 2002, the South** had the highest percentage of households with incomes below the federal poverty level^{††} (13.8%) of any region in the United States (6); this might account for the higher TB rate among non-Hispanic whites in the seven southeastern states, compared with the rest of the United States. General racial/ethnic disparities in health care also have been explained as a potential consequence of differential access to care, structural impediments in the health-care system, and unequal treatment (7).

Whatever roles poor access to health care and poverty have in the elevated TB rate in non-Hispanic blacks, once blacks enter a TB treatment program, a high percentage receive directly observed therapy (DOT). This patient management technique is recognized in the United States as a critical component of successful TB treatment. The percentage of non-Hispanic blacks receiving DOT, which ensures that every treatment dose is administered, is consistent with their low rate of infection with multidrug-resistant TB. These performance measures indicate successful management of DOT programs in the non-Hispanic black population.

The findings in this report are subject to at least two limitations. First, CDC's TB surveillance does not include data directly related to socioeconomic status, and previous findings that socioeconomic status was a key predictor of TB rates were not independently verified. Second, HIV status was un-

⁴ TB disease in adults results from either progression of recently transmitted *M. tuberculosis* or from reactivation of remote infections. In contrast, by definition, TB disease in children aged <5 years reflects recent transmission.

** Defined by the U.S. Census Bureau as the following: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

^{††} Based on the 2002 federal poverty level (FPL), which takes into account both income and household size. For example, in 2002, the FPL was an annual household income of \$18,244 for a family of two adults with two children aged <18 years.

known for 22% of non-Hispanic blacks and 34% of non-Hispanic whites, making these comparisons less reliable.

In 2003, the federal Advisory Council for the Elimination of Tuberculosis and CDC developed a strategy for nongovernment organizations to help reduce TB disparities in the United States by studying local TB epidemiology, increasing awareness about TB disparities (especially among non-Hispanic blacks), and educating legislators. In addition, in 2002, CDC began funding three ongoing demonstration projects (in Georgia, Illinois, and South Carolina) to identify innovative strategies to accelerate the decline of TB among non-Hispanic blacks. In January 2004, CDC began the Tuberculosis Genotyping Program to identify instances of recent TB transmission, enabling earlier outbreak detection and more thorough contact investigations, which might help reduce racial disparities in TB in the United States (8).

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Progress Toward Sustainable Measles Mortality Reduction — South-East Asia Region, 1999–2002

Substantial progress has been made toward meeting the 2003 World Health Assembly goal to reduce measles deaths 50% by the end of 2005, compared with deaths in 1999. Although measles remains the leading cause of vaccine-preventable deaths among children, the World Health Organization (WHO) estimates that, during 1999–2002, global measles mortality decreased 29%, including a 19% decline among South-East Asia Region (SEAR) member countries (1). In June 2003, the

SEAR Regional Technical Advisory Group on Immunization endorsed a Regional Strategic Plan for Measles Mortality Reduction (2003–2005) (2). This report summarizes progress in measles control in SEAR during 1999–2002 and outlines plans for future activities in the region, which include strengthening measles surveillance, improving access to routine vaccination, and providing a second opportunity for measles immunization.

Measles Surveillance

All countries in the region include measles as a reportable disease in their routine communicable disease surveillance systems. Before 2001, Sri Lanka and Thailand collected case-based data nationwide. Health authorities in other countries relied on passive surveillance of clinically confirmed cases and maintained aggregated data at the national level. Beginning in 2001, the WHO-supported surveillance medical officers (SMOs) in Bangladesh, Indonesia, Myanmar, and Nepal have added measles to their original focus on acute flaccid paralysis (AFP) surveillance. In these countries, SMOs conduct outbreak investigations and routinely collect case-based data, including information on age, outcome, and vaccination status. In 2002, WHO established a regional network of national measles laboratories with standardized testing procedures for IgM antibody to measles in all SEAR member countries. Five to 10 samples are tested during each outbreak to confirm the diagnosis of measles.

Reported Incidence

During 1989–1999, the number of measles cases decreased steadily, from approximately 440,000 reported cases to 45,000. However, the number of cases gradually increased to 88,000 in 2002, primarily because of increases in India, Indonesia, and Thailand (Table 1) and nationwide outbreaks in several other countries of the region. During September 1999–May 2000, a total of 15,337 measles cases and 23 deaths were reported in Sri Lanka. Of 6,352 cases with information available, 3,481 (54.8%) were in persons aged >15 years. A similar outbreak occurred in Maldives in 2002, in which 444 (54.2%) of 819 reported cases were in persons aged >15 years. In contrast, both routine and outbreak reporting from other countries have documented a broad age distribution, with the majority of cases in persons aged <10 years (Table 2).

Mortality reported from both routine surveillance and outbreak investigations remains low. Nevertheless, on the basis of vaccination coverage and available case-fatality data, WHO estimated 243,000 measles deaths in the region in 1999 and 196,000 deaths in 2002 (1).

TABLE 1. Number of reported cases and incidence of measles among all age groups and estimated routine measles vaccination coverage among children aged ≤ 1 year, by country — South-East Asia Region, 1999 and 2002

| Country | Morbidity | | | | | Vaccination coverage (%) | | | |
|---------------------------------------|--------------------|---------------|---------------------|------------|------------|--------------------------|-----------|----------------------|-----------|
| | No. reported cases | | Reported incidence* | | | Best official estimate† | | WHO/UNICEF‡ estimate | |
| | 1999 | 2002 | 1999 | 2002 | Change | 1999 | 2002 | 1999 | 2002 |
| Bangladesh | 5,666 | 3,484 | 4.2 | 2.4 | -1.8 | 61 | 65 | 76 | 77 |
| Bhutan | 84 | 27 | 4.2 | 1.2 | -3.0 | 77 | 78 | 76 | 78 |
| Democratic People's Republic of Korea | 0 | — | 0 | 0 | 0 | 98 | 98 | — | — |
| India | 21,013 | 51,780 | 2.1 | 4.9 | 2.8 | 87 | 67 | 50 | 67 |
| Indonesia | 4,767 | 14,492 | 2.3 | 6.7 | 4.4 | 88 | 72 | 71 | 76 |
| Maldives | — | 926 | — | 299.7 | — | 97 | 99 | 97 | 99 |
| Myanmar | 794 | 736 | 1.7 | 1.5 | -0.2 | 85 | 75 | 85 | 75 |
| Nepal | 6,878 | 6,749 | 29.9 | 27.4 | -2.5 | 81 | 71 | 72 | 71 |
| Sri Lanka | 2,417 | 139 | 13.1 | 0.7 | -12.4 | 95¶ | 99¶ | 95¶ | 99¶ |
| Thailand | 3,167 | 10,241 | 5.3 | 16.5 | 11.2 | 96¶ | 94¶ | 96¶ | 94¶ |
| Total | 44,786 | 88,574 | 3.0 | 5.6 | 2.6 | 85 | 70 | 58 | 70 |

* Per 100,000 population, on the basis of population data from United Nations World Population Prospects, 2002.

† Countries have decided best estimate from either administrative or survey data.

‡ World Health Organization United Nations Children's Fund.

¶ On the basis of measles-containing vaccine coverage.

TABLE 2. Age distribution of measles patients reported, by country, year, and data source — South-East Asia Region, 2000–2002

| Country | Year | Data source | No. patients with age data available | Age (yrs) distribution of measles patients (%) | | | | |
|------------|------|-------------|--------------------------------------|--|------|-------|-------|-----------|
| | | | | ≤ 1 | 1–4 | 5–9 | 10–14 | ≥ 15 |
| Bangladesh | 2002 | Routine | 166 | 27.1 | 28.3 | 37.3 | 2.4 | 4.8 |
| Bhutan | 2002 | Routine | 27 | 3.7 | 11.1 | 63.0 | 11.1 | 11.1 |
| Indonesia | 2002 | Routine | 23,167 | 12.1 | 34.3 | 37.4* | — | 16.2 |
| Maldives | 2002 | Outbreak | 819 | 2.3 | 5.4 | 15.7 | 22.2 | 54.2 |
| Myanmar | 2001 | Outbreak | 1,639 | 7.1 | 45.8 | 39.0 | 7.1 | 1.0 |
| Sri Lanka | 2000 | Outbreak | 6,392 | 7.7 | 5.3 | 16.3 | 16.0 | 54.8 |
| | 2001 | Routine | 127 | 7.1 | 10.2 | 6.3 | 7.1 | 70.3 |
| Thailand | 2002 | Routine | 10,236 | 8.5 | 16.6 | 23.8 | 23.0 | 28.1 |

* Accounts for children aged 5–14 years in one category.

Routine Vaccination

All countries in SEAR include a dose of measles-containing vaccine (MCV1) in their routine immunization schedule at age 9 months. Sri Lanka adds a second dose as measles-rubella vaccine at age 3 years. Thailand provides a dose of measles-mumps-rubella vaccine at age 9–12 months and at age 6 years. Administrative reporting indicated that the SEAR average measles vaccination coverage for MCV1 remained $>85\%$ during the 1990s (3). WHO/United Nations Children's Fund (UNICEF) estimates (Table 1), which rely on expert review of national reports and surveys, indicate the regional average in recent years is substantially lower than previous administrative reporting indicated. On the basis of WHO/UNICEF estimates, regional coverage for MCV1 has increased, from 58% in 1999 to 70% in 2002, primarily because of increases in India.

Supplemental Immunization Activities (SIAs)

Nationwide supplemental measles vaccination campaigns were conducted in the Democratic People's Republic of Korea (DPRK) in 1999, targeting children aged 9–23 months, and in Bhutan during 2000, targeting children aged 9 months–15 years. Myanmar began conducting a national campaign for children aged 9–59 months in three annual phases beginning in 2002. Subnational supplemental mass measles campaigns conducted include border areas in Bangladesh (1999 and 2001), urban areas in India (2000 and 2001), and underserved areas and school-aged children in Indonesia (2000 and 2002). Indonesia and Bhutan combined measles with polio campaigns. Coverage in SIAs ranged from 69% in India to $>100\%$ of the target in Bangladesh (Table 3).

TABLE 3. Supplemental immunization activities (SIAs) for measles control, by country, year, and selected characteristics — South-East Asia Region, 1999–2002

| Country | Year | Campaign scope | Target age group | Target population | Reported coverage (%) |
|---------------------------------------|------|---|------------------|-------------------|-----------------------|
| Bangladesh | 1999 | Subnational areas at high risk | 9–35 mos | 852,310 | 96 |
| | 2001 | Subnational areas at high risk | 9–35 mos | 909,354 | 124 |
| Bhutan | 2000 | National | 9 mos–15 yrs | 214,128 | 100 |
| Democratic People's Republic of Korea | 1999 | National | 9–23 mos | 427,280 | 100 |
| India | 2000 | Urban areas in four states | 9–59 mos | 974,034 | 76 |
| | 2001 | Urban areas in four states | 9–59 mos | 1,384,891 | 69 |
| | 2000 | School catch-up campaign in three provinces | Grades 1–6 | 6,665,950 | 95 |
| Indonesia | 2000 | Five provinces at high risk | 6–59 mos | 1,142,183 | 90 |
| | 2002 | Areas at high risk | 6–59 mos | 2,667,343 | 76 |
| | 2002 | Five of 17 states/divisions | 9–59 mos | 1,792,980 | 88 |

Reported by: Regional Office for South-East Asia, New Delhi, India. Dept of Immunization and Vaccine Development, World Health Organization, Geneva, Switzerland.

Editorial Note: Before 1999, the majority of countries in SEAR used routine administrative reports to estimate official measles vaccination coverage rates (3). In 1999, countries began to use survey data as the source of official estimates. By 2002, both national official estimates and WHO/UNICEF estimates relied on survey results as a primary data source, resulting in greater agreement between national and WHO/UNICEF estimates. However, obtaining timely, reliable data on both coverage and incidence remains difficult.

Despite encouraging trends in routine measles coverage for the region, as reflected in the WHO/UNICEF estimates, reported cases of measles actually increased during 1999–2002, and measles remains a substantial cause of morbidity and mortality among children in SEAR. The majority of this increase occurred in India and Indonesia, probably because of improved reporting and multiple outbreaks. Although coverage improved in these countries, the number of susceptible children in these highly populous areas remains the primary cause of sustained high morbidity. The increase in cases in Thailand and recent outbreaks among older children and adolescents in Sri Lanka and Maldives indicate that measles also is a substantial health risk even in countries with relatively high vaccination coverage levels. Similar to other regions (4), in SEAR countries where reported measles vaccine coverage is >80%, the majority of affected children are aged ≥10 years. Conversely, in countries with coverage <80% (e.g., Bangladesh, Indonesia, and Myanmar), the majority of cases occur in children aged <10 years.

Although polio eradication remains a priority for SEAR, countries in the region have increased the priority of measles control. Integrating measles surveillance with AFP surveillance and establishing a measles laboratory network to confirm outbreaks increases the reliability of surveillance data. These data

have been essential in determining appropriate control strategies, particularly in setting target age groups for catch-up campaigns. Case-fatality studies planned for 2004 in Nepal and Bangladesh will further help to characterize the mortality burden of measles in the region.

SEAR countries have adopted a plan to reduce measles mortality 50% by 2005 (relative to 1999) in polio-free countries. Other objectives are to 1) achieve monthly reporting of the number of measles cases and deaths by 2004, 2) investigate 80% of outbreaks by 2005 to better direct vaccination strategies, 3) achieve and maintain 80% coverage with routine measles vaccination in >80% of districts in all countries by 2005, and 4) provide a second opportunity for MCV1 vaccination to all eligible children in the region by 2005 (5).

In 2002 and 2003, Myanmar, Timor-Leste, and Indonesia began SIAs as a stopgap measure while improvements in routine vaccination services are made. In 2004, Indonesia plans to phase in a dose for school-aged children, and other countries will need to consider adding a second measles dose to their Expanded Program on Immunization (EPI) schedule once their routine coverage improves. Nepal also plans a phased national measles campaign starting in 2004. Large-scale campaigns in populous countries (e.g., Bangladesh, India, and Indonesia) present substantial resource and logistical challenges. These countries should evaluate their administrative areas separately and adapt specific strategies appropriately.

Other countries, including Bhutan, DPRK, Maldives, Sri Lanka, and Thailand, have achieved low measles mortality levels, but experience periodic measles outbreaks. Sri Lanka and Thailand already provide a second MCV1 dose, and Bhutan and Maldives have indicated their intention to do so by 2005. These countries, which have already achieved the standards set for mortality reduction but have not yet officially adopted a national measles elimination policy, could strengthen their immunization strategies and surveillance standards by adopting recommendations of the recent global meeting on measles control (6).

The ultimate goal for every member country is to achieve sustainable measles mortality reduction. Achieving this goal requires addressing issues related to access to measles immunization and mobilization of internal and external resources. Therefore, countries should prepare comprehensive national action plans for measles control that are linked to their national EPI plans.

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Brief Report

Injuries Associated with Homemade Fireworks — Selected States, 1993–2004

Around the July 4 Independence Day holiday each year in the United States, injuries associated with homemade fireworks are increasingly common. During June–July 2002, approximately 5,700 persons were treated for fireworks-related injuries at U.S. emergency departments (1); approximately 300 (5.3%) were injured in incidents involving illegal and homemade fireworks. CDC and the Consumer Product Safety Commission (CPSC) recommend that fireworks be handled only by professionals (2). To describe injuries and emergency responses resulting from homemade fireworks explosions, the Agency for Toxic Substances and Disease Registry (ATSDR) researched data from its Hazardous Substances Emergency Events Surveillance (HSEES) system. This report summarizes four incidents involving homemade fireworks explosions that were identified by the surveillance system. To prevent injuries and deaths, no one should attempt to make their own fireworks.

HSEES is an active, multistate surveillance system that tracks the release of hazardous substances during emergency events*

* An HSEES event is the release or threatened release of a hazardous substance(s) into the environment in an amount that requires (or would have required) removal, clean-up, or neutralization according to federal, state, or local law (3). A hazardous substance is one that can reasonably be expected to cause an adverse health effect.

reported by participating state health departments†. ATSDR searched the HSEES database for reports of incidents involving homemade fireworks for all years for which data were available (1993–2004)§ from the 17 participating states. Because HSEES has no specific category for homemade fireworks incidents, certain incidents might not have been identified. Incidents involving bottle bombs, pipe bombs, smoke bombs, and other explosive devices were not included.

Case Reports

Iowa. In 2004, a man aged 52 years was making fireworks in the living room of his home when an explosion occurred. The explosion was believed to have been sparked by a metal spoon used to mix gunpowder, sulfur chlorate, and phosphorus in a metal can. The man died from his injuries. A hazardous materials (HazMat) team was called in to conduct decontamination and debris removal at the property.

New York. In 2001, a report of a loud explosion and white smoke brought the local fire department, HazMat team, and state police to a rural area south of a mobile home park. The explosion caused the release of ammonium nitrate, potassium nitrate, and other unidentified chemicals that were being used by the homeowner to manufacture fireworks on his property. No injuries were reported; however, the HazMat team conducted initial decontamination and debris removal at the property, and the owner was ordered to conduct soil sampling and remediate all areas of contaminated soil.

Utah. In 2002, a man aged 43 years was making fireworks by using ammonium nitrate and picric acid when an explosion occurred in his home. The man lost several fingers as a result of the blast. Forty-five residents of the area were evacuated for approximately 6 hours while local police and fire departments, along with the county health department and the state environmental protection agency, responded.

Washington. In 1993, a man aged 27 years and a youth aged 15 years died when chemicals being used to manufacture illegal fireworks exploded and fire destroyed their mobile home. The chemicals included barium nitrate, nitrocellulose, potassium nitrate, potassium perchlorate, strontium nitrate, and sulfur. State and federal agencies, along with a local HazMat team, decontaminated the property and removed debris.

† During 1993–2004, a total of 17 state health departments participated in HSEES. State health departments in Alabama, Colorado, Iowa, New York, North Carolina, Oregon, Texas, Washington, and Wisconsin participated during the entire period. Eight state health departments participated during portions of this period: Louisiana (2001–2004), Minnesota (1995–2004), Mississippi (1995–2004), Missouri (1994–2004), New Hampshire (1993–1996), New Jersey (2000–2004), Rhode Island (1993–2001), and Utah (2000–2004).

§ Data for 2003 and 2004 are preliminary.

Although certain types of fireworks are legal in some states, all fireworks are potentially dangerous because of their composition and unpredictability. Homemade fireworks can pose a particular risk for injury because of the lack of knowledge and experience of persons preparing these materials. CDC and CPSC recommend that fireworks be manufactured and handled only by professionals. Additional information regarding the hazards posed by fireworks and state and federal regulations that govern their use is available at CPSC at <http://www.cpsc.gov/cpsc/pub/pubs/012.pdf> and CDC at http://www.cdc.gov/ncipc/duip/spotlite/firework_spot.htm.

Reported by: D Cooper, Iowa Dept of Public Health. R Wilburn, MPH, J Ehrlich, MPH, WL Welles, PhD, New York State Dept of Health. S Stemmons, Utah Dept of Health. L Gunnells, Washington State Dept of Health. DK Horton, MSPH, WE Kaye, PhD, Div of Health Studies, Agency for Toxic Substances and Disease Registry.

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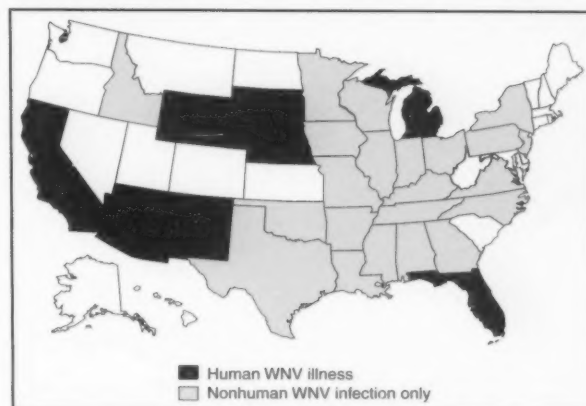
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West Nile Virus Activity — United States, June 23–29, 2004

As of June 29, eight states had reported a total of 57 human cases of West Nile virus (WNV) illness to CDC through ArboNET in 2004. A total of 38 cases had been reported from Arizona, 10 from California, three from New Mexico, two from Florida, and one each from Michigan, Nebraska, South Dakota, and Wyoming (Figure). Thirty-six (64%) of the cases occurred in males; the median age of patients was 53 years (range: 9–84 years), and dates of illness onset ranged from April 23 to June 15. Of the 57 cases, one fatal case was reported from Arizona.

A total of 13 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET. Of these, 12 were reported from Arizona, and one was reported from New Mexico. Of the 13 PVDs reported to ArboNET, one person aged 69 years subsequently had neuroinvasive illness, and three persons aged 22, 51, and 52 years subsequently had West Nile fever. In New Mexico, the first detected WNV activity in 2004 was in a PVD; in Arizona, three of the first seven reported human WNV infections in 2004 were in PVDs.

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2004*



* As of 3 a.m., Mountain Standard Time, June 29, 2004.

In addition, during 2004, a total of 760 dead corvids and 85 other dead birds with WNV infection have been reported from 23 states, and 42 WNV infections in horses have been reported from 11 states (Alabama, Arizona, California, Idaho, Missouri, North Carolina, Oklahoma, South Dakota, Tennessee, Texas, and Virginia). WNV seroconversions have been reported in 89 sentinel chicken flocks from four states (Arizona, California, Florida, and Louisiana). Three seropositive sentinel horses were reported from Puerto Rico. A total of 180 WNV-positive mosquito pools have been reported from 11 states (Arizona, California, Illinois, Indiana, Louisiana, Michigan, Missouri, New Jersey, Pennsylvania, Texas, and Virginia).

Additional information about national WNV activity is available from CDC at <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm> and at <http://westnilemaps.usgs.gov>.

Notice to Readers

Availability of Influenza Pandemic Preparedness Software for Hospital Planning

Influenza pandemics have occurred three times during the 20th century: in 1918, 1957, and 1968. Another influenza pandemic is likely, if not inevitable (1,2). To help public health officials and hospital administrators prepare for the next influenza pandemic, CDC has developed FluSurge 1.0, a specialized spreadsheet-based software that estimates the potential surge in demand for hospital-based health care during a pandemic. For each week of a pandemic, FluSurge calculates the potential demand for hospital beds, intensive care unit

beds, and mechanical ventilators. Demand for resources is compared with actual capacity. FluSurge is a companion to the previously released FluAid 2.0, which provides estimates of the total deaths, hospitalizations, and outpatient visits that might occur during an influenza pandemic.

Both FluSurge 1.0 and FluAid 2.0, including accompanying manuals, are now available from the National Vaccine Program

Office's website at <http://www.dhhs.gov/nvpo/pandemics>. The software programs and manuals are available free of charge.

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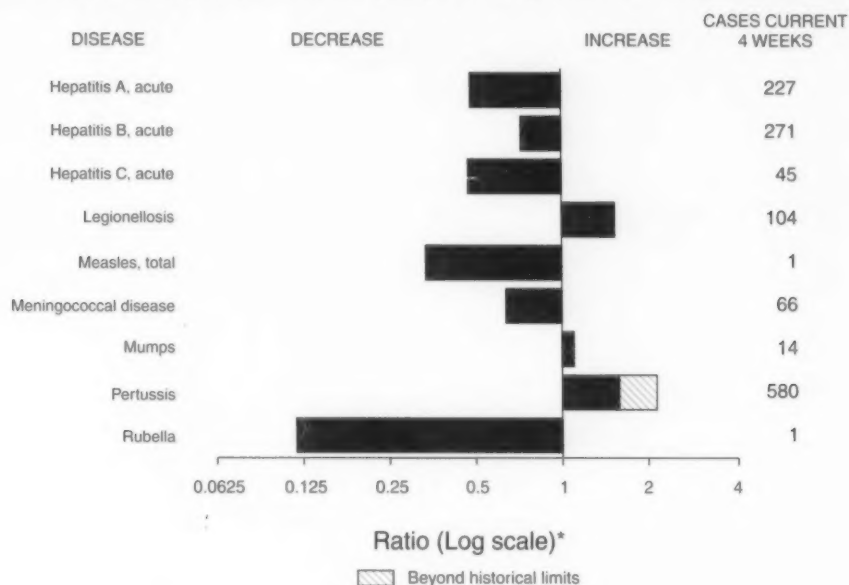
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FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals June 26, 2004, with historical data

* Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending June 26, 2004 (25th Week)*

| | Cum. 2004 | Cum. 2003 | | Cum. 2004 | Cum. 2003 |
|--|--------------|--------------|---|--------------|--------------|
| Anthrax | - | - | Hemolytic uremic syndrome, postdiarrheal [†] | 39 | 56 |
| Botulism: | - | - | HIV infection, pediatric [†] ¶ | 78 | 110 |
| foodborne | 7 | 7 | Measles, total | 16** | 31†† |
| infant | 30 | 31 | Mumps | 97 | 115 |
| other (wound & unspecified) | 5 | 10 | Plague | - | 1 |
| Brucellosis [†] | 50 | 41 | Poliomyelitis, paralytic | - | - |
| Chancroid | 15 | 28 | Psittacosis [†] | 3 | 5 |
| Cholera | 2 | 1 | Q fever [†] | 25 | 38 |
| Cyclosporiasis [†] | 59 | 27 | Rabies, human | - | - |
| Diphtheria | - | - | Rubella | 13 | 5 |
| Ehrlichiosis: | - | - | Rubella, congenital syndrome | - | 1 |
| human granulocytic (HGE) [†] | 46 | 61 | SARS-associated coronavirus disease [†] §§ | - | 7 |
| human monocytic (HME) [†] | 35 | 44 | Smallpox [†] ¶¶ | - | NA |
| human, other and unspecified | 3 | 10 | <i>Staphylococcus aureus</i> : | - | - |
| Encephalitis/Meningitis: | - | - | Vancomycin-intermediate (VISA) [†] ¶¶ | 4 | NA |
| California serogroup viral [†] § | 1 | 2 | Vancomycin-resistant (VRSA) [†] ¶¶ | 1 | 1 |
| eastern equine [†] § | - | 1 | Streptococcal toxic-shock syndrome [†] | 58 | 111 |
| Powassan [†] § | - | - | Tetanus | 6 | 4 |
| St. Louis [†] § | - | 2 | Toxic-shock syndrome | 49 | 70 |
| western equine [†] § | - | - | Trichinosis | 2 | - |
| Hansen disease (leprosy) [†] | 36 | 38 | Tularemia [†] | 23 | 15 |
| Hantavirus pulmonary syndrome [†] | 7 | 14 | Yellow fever | - | - |

-: No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

† Not notifiable in all states.

§ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

¶ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update May 23, 2004.

** Of 16 cases reported, nine were indigenous, and seven were imported from another country.

†† Of 31 cases reported, 22 were indigenous, and nine were imported from another country.

§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (notifiable as of July 2003).

¶¶ Not previously notifiable.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2004, and June 21, 2003 (25th Week)*

| Reporting area | AIDS | | Chlamydia† | | Coccidioidomycosis | | Cryptosporidiosis | | Encephalitis/Meningitis West Nile‡ | |
|----------------|---------------|--------------|--------------|--------------|--------------------|--------------|-------------------|--------------|---------------------------------------|--------------|
| | Cum. 2004† | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 17,011 | 20,273 | 396,892 | 410,429 | 2,608 | 1,466 | 1,035 | 933 | 35 | 11 |
| NEW ENGLAND | 569 | 702 | 13,700 | 13,157 | - | - | 62 | 64 | - | - |
| Maine | 5 | 27 | 928 | 920 | N | N | 14 | 5 | - | - |
| N.H. | 23 | 15 | 764 | 757 | - | - | 14 | 10 | - | - |
| Vt. | 13 | 6 | 489 | 489 | - | - | 6 | 11 | - | - |
| Mass. | 150 | 324 | 6,559 | 5,002 | - | - | 17 | 26 | - | - |
| R.I. | 66 | 50 | 1,618 | 1,545 | - | - | 2 | 9 | - | - |
| Conn. | 312 | 280 | 3,342 | 4,444 | N | N | 9 | 3 | - | - |
| MID. ATLANTIC | 3,912 | 4,262 | 51,223 | 49,863 | - | - | 158 | 135 | - | 3 |
| Upstate N.Y. | 453 | 276 | 10,683 | 9,186 | N | N | 40 | 34 | - | - |
| N.Y. City | 2,154 | 2,060 | 14,690 | 16,348 | - | - | 36 | 49 | - | - |
| N.J. | 675 | 880 | 6,083 | 7,366 | - | - | 11 | 8 | - | - |
| Pa. | 630 | 1,046 | 19,767 | 16,963 | N | N | 71 | 44 | - | 3 |
| E.N. CENTRAL | 1,455 | 1,993 | 68,920 | 74,490 | 6 | 3 | 232 | 230 | 1 | - |
| Ohio | 237 | 304 | 17,159 | 20,107 | - | - | 65 | 33 | - | - |
| Ind. | 166 | 260 | 8,695 | 8,204 | N | N | 31 | 21 | - | - |
| Ill. | 700 | 960 | 17,789 | 23,258 | - | - | 13 | 36 | - | - |
| Mich. | 269 | 363 | 17,899 | 14,692 | 6 | 3 | 49 | 42 | 1 | - |
| Wis. | 83 | 106 | 7,378 | 8,229 | - | - | 74 | 98 | - | - |
| W.N. CENTRAL | 331 | 364 | 23,615 | 23,453 | 4 | 2 | 131 | 94 | 1 | 1 |
| Minn. | 81 | 77 | 4,207 | 5,141 | N | N | 49 | 39 | - | 1 |
| Iowa | 21 | 41 | 2,311 | 2,565 | N | N | 19 | 14 | - | - |
| Mo. | 135 | 180 | 9,134 | 8,452 | 3 | 1 | 20 | 9 | - | - |
| N. Dak. | 12 | 1 | 746 | 745 | N | N | 7 | 6 | - | - |
| S. Dak. | 5 | 6 | 1,180 | 1,167 | - | - | 16 | 18 | - | - |
| Nebr.** | 18 | 24 | 2,469 | 2,047 | 1 | 1 | 8 | 4 | - | - |
| Kans. | 59 | 35 | 3,568 | 3,336 | N | N | 12 | 4 | - | - |
| S. ATLANTIC | 5,282 | 5,870 | 74,496 | 76,858 | - | 2 | 208 | 125 | 1 | 1 |
| Del. | 78 | 105 | 1,396 | 1,493 | N | N | - | 3 | - | - |
| Md. | 601 | 716 | 8,943 | 7,872 | - | 2 | 10 | 8 | - | - |
| D.C. | 308 | 595 | 1,508 | 1,599 | - | - | 3 | 1 | - | - |
| Va. | 288 | 478 | 10,304 | 9,095 | - | - | 23 | 13 | - | - |
| W. Va. | 30 | 42 | 1,322 | 1,186 | N | N | 3 | 2 | - | - |
| N.C. | 305 | 567 | 13,124 | 12,725 | N | N | 37 | 15 | - | - |
| S.C.** | 329 | 389 | 7,575 | 6,403 | - | - | 9 | 2 | - | 1 |
| Ga. | 782 | 736 | 10,358 | 16,464 | - | - | 67 | 46 | - | - |
| Fla. | 2,561 | 2,242 | 19,966 | 20,021 | N | N | 56 | 35 | 1 | - |
| E.S. CENTRAL | 782 | 911 | 25,327 | 26,541 | 2 | 1 | 46 | 57 | - | 1 |
| Ky. | 71 | 79 | 2,649 | 3,950 | N | N | 16 | 11 | - | - |
| Tenn.** | 326 | 436 | 10,693 | 9,322 | N | N | 12 | 21 | - | - |
| Ala. | 208 | 185 | 5,151 | 7,167 | - | - | 11 | 22 | - | 1 |
| Miss. | 177 | 211 | 6,834 | 6,102 | 2 | 1 | 7 | 3 | - | - |
| W.S. CENTRAL | 2,047 | 2,313 | 52,497 | 51,598 | 2 | - | 31 | 20 | - | 5 |
| Ark. | 87 | 85 | 3,842 | 3,598 | 1 | - | 9 | 3 | - | - |
| La. | 346 | 365 | 11,986 | 10,015 | 1 | - | - | 1 | - | 2 |
| Okla. | 90 | 109 | 5,166 | 5,227 | N | N | 10 | 4 | - | - |
| Tex. | 1,524 | 1,754 | 31,503 | 32,758 | - | - | 12 | 12 | - | 3 |
| MOUNTAIN | 571 | 757 | 19,464 | 24,475 | 1,653 | 952 | 53 | 44 | 29 | - |
| Mont. | - | 10 | 971 | 1,094 | N | N | 11 | 10 | - | - |
| Idaho | 3 | 13 | 1,408 | 1,182 | N | N | 5 | 7 | - | - |
| Wyo. | 6 | 5 | 512 | 467 | - | - | 2 | 1 | - | - |
| Colo. | 98 | 157 | 3,751 | 6,193 | N | N | 24 | 9 | - | - |
| N. Mex. | 91 | 51 | 2,586 | 3,623 | 9 | 4 | 2 | 3 | - | - |
| Ariz. | 208 | 337 | 6,729 | 7,264 | 1,602 | 926 | 7 | 3 | 29 | - |
| Utah | 34 | 32 | 1,537 | 1,771 | 13 | 3 | 1 | 8 | - | - |
| Nev. | 131 | 152 | 1,970 | 2,881 | 29 | 19 | 1 | 3 | - | - |
| PACIFIC | 2,062 | 3,101 | 67,650 | 69,994 | 941 | 506 | 114 | 164 | 3 | - |
| Wash. | 165 | 211 | 8,455 | 7,559 | N | N | 14 | 14 | - | - |
| Oreg. | 111 | 126 | 2,069 | 3,629 | - | - | 13 | 19 | - | - |
| Calif. | 1,731 | 2,693 | 54,128 | 54,405 | 941 | 506 | 86 | 131 | 3 | - |
| Alaska | 14 | 12 | 1,746 | 1,842 | - | - | - | - | - | - |
| Hawaii | 41 | 59 | 1,252 | 2,559 | - | - | 1 | - | - | - |
| Guam | 1 | 1 | - | 345 | - | - | - | - | - | - |
| P.R. | 209 | 514 | 1,002 | 1,139 | N | N | N | N | - | - |
| V.I. | 5 | 15 | 143 | 153 | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | 2 | U | 32 | U | - | U | - | U | - | U |

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

† Chlamydia refers to genital infections caused by *C. trachomatis*.

‡ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update May 30, 2004.

** Contains data reported through National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2004, and June 21, 2003 (25th Week)*

| Reporting area | Escherichia coli, Enterohemorrhagic (EHEC) | | | | | | Giardiasis | | Gonorrhea | |
|----------------|--|-----------|--|-----------|---------------------------------------|-----------|------------|-----------|-----------|-----------|
| | O157:H7 | | Shiga toxin positive, serogroup non-O157 | | Shiga toxin positive, not serogrouped | | | | | |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 647 | 631 | 81 | 83 | 59 | 52 | 6,828 | 7,391 | 137,730 | 153,264 |
| NEW ENGLAND | 44 | 37 | 23 | 16 | 10 | 2 | 650 | 532 | 3,179 | 3,241 |
| Maine | 2 | 4 | - | - | - | - | 64 | 58 | 123 | 107 |
| N.H. | 9 | 7 | 5 | 2 | - | - | 16 | 20 | 60 | 54 |
| Vt. | 1 | 3 | - | - | - | - | 58 | 41 | 41 | 39 |
| Mass. | 21 | 12 | 3 | 6 | 10 | 2 | 282 | 253 | 1,499 | 1,220 |
| R.I. | 5 | 1 | 1 | - | - | - | 54 | 55 | 418 | 456 |
| Conn. | 6 | 10 | 14 | 8 | - | - | 176 | 105 | 1,038 | 1,365 |
| MID. ATLANTIC | 79 | 73 | 7 | 7 | 11 | 11 | 1,550 | 1,554 | 16,189 | 19,415 |
| Upstate N.Y. | 37 | 27 | 4 | 3 | 3 | 5 | 528 | 378 | 3,495 | 3,515 |
| N.Y. City | 8 | 3 | - | - | - | - | 459 | 557 | 4,683 | 6,321 |
| N.J. | 13 | 8 | 1 | 1 | 4 | - | 167 | 222 | 2,430 | 4,234 |
| Pa. | 21 | 35 | 2 | 3 | 4 | 6 | 396 | 397 | 5,581 | 5,345 |
| E.N. CENTRAL | 125 | 157 | 16 | 17 | 8 | 9 | 820 | 1,334 | 27,993 | 32,310 |
| Ohio | 31 | 35 | 4 | 10 | 8 | 9 | 341 | 376 | 8,211 | 10,393 |
| Ind. | 10 | 19 | - | - | - | - | - | - | 3,008 | 3,055 |
| Ill. | 27 | 29 | - | 1 | - | - | 84 | 411 | 7,569 | 10,023 |
| Mich. | 24 | 29 | 2 | - | - | - | 261 | 306 | 7,260 | 6,036 |
| Wis. | 33 | 45 | 10 | 6 | - | - | 134 | 241 | 1,945 | 2,803 |
| W.N. CENTRAL | 118 | 90 | 11 | 12 | 14 | 8 | 800 | 731 | 7,556 | 7,833 |
| Minn. | 30 | 33 | 5 | 8 | 2 | - | 276 | 266 | 1,546 | 1,274 |
| Iowa | 31 | 12 | - | - | - | - | 112 | 100 | 412 | 583 |
| Mo. | 22 | 24 | 6 | 2 | 5 | 1 | 209 | 212 | 3,712 | 4,004 |
| N. Dak. | 4 | 4 | - | 1 | 5 | 1 | 12 | 18 | 58 | 33 |
| S. Dak. | 5 | 5 | - | - | - | - | 28 | 21 | 128 | 93 |
| Nebr. | 14 | 5 | - | 1 | - | - | 59 | 54 | 493 | 661 |
| Kans. | 12 | 7 | - | - | 2 | 6 | 104 | 60 | 1,207 | 1,185 |
| S. ATLANTIC | 62 | 50 | 15 | 19 | 8 | 12 | 1,106 | 1,109 | 32,876 | 37,520 |
| Del. | 1 | - | N | N | N | N | 24 | 17 | 442 | 555 |
| Md. | 13 | 3 | 1 | - | 1 | 1 | 44 | 51 | 3,852 | 3,646 |
| D.C. | 1 | 1 | - | - | - | - | 30 | 17 | 1,034 | 1,168 |
| Va. | 8 | 17 | 6 | 4 | - | - | 173 | 147 | 4,133 | 4,202 |
| W. Va. | 1 | 2 | - | - | - | - | 12 | 14 | 399 | 402 |
| N.C. | - | - | 4 | - | 2 | 11 | N | N | 7,004 | 7,122 |
| S.C. | 3 | - | - | - | - | - | 27 | 60 | 3,514 | 3,698 |
| Ga. | 15 | 11 | 2 | 2 | - | - | 310 | 360 | 4,303 | 7,956 |
| Fla. | 20 | 16 | 2 | 13 | 5 | - | 486 | 443 | 8,195 | 8,771 |
| E.S. CENTRAL | 36 | 29 | 1 | - | 7 | 4 | 149 | 151 | 10,825 | 12,844 |
| Ky. | 14 | 9 | 1 | - | 4 | 4 | N | N | 1,148 | 1,659 |
| Tenn. | 7 | 12 | - | - | 3 | - | 70 | 67 | 3,835 | 3,775 |
| Ala. | 8 | 5 | - | - | - | - | 79 | 84 | 3,069 | 4,341 |
| Miss. | 7 | 3 | - | - | - | - | - | - | 2,773 | 3,069 |
| W.S. CENTRAL | 35 | 28 | 1 | 2 | 1 | 2 | 120 | 125 | 19,559 | 20,885 |
| Ark. | 7 | 4 | - | - | - | - | 52 | 68 | 1,889 | 1,961 |
| La. | 2 | 1 | - | - | - | - | 16 | 8 | 5,368 | 5,652 |
| Okla. | 7 | 4 | - | - | - | - | 52 | 49 | 2,163 | 2,008 |
| Tex. | 19 | 19 | 1 | 2 | 1 | 2 | - | - | 10,139 | 11,264 |
| MOUNTAIN | 59 | 70 | 6 | 8 | - | 4 | 548 | 585 | 4,560 | 5,154 |
| Mont. | 3 | 2 | - | - | - | - | 19 | 34 | 35 | 56 |
| Idaho | 18 | 18 | 3 | 5 | - | - | 77 | 72 | 38 | 37 |
| Wyo. | - | 2 | 1 | - | - | - | 7 | 8 | 27 | 24 |
| Colo. | 11 | 20 | 1 | 1 | - | 4 | 175 | 166 | 1,239 | 1,417 |
| N. Mex. | 4 | 2 | - | 2 | - | - | 29 | 22 | 313 | 600 |
| Ariz. | 7 | 13 | N | N | N | N | 80 | 103 | 1,807 | 1,895 |
| Utah | 9 | 8 | - | - | - | - | 120 | 123 | 228 | 166 |
| Nev. | 7 | 5 | 1 | - | - | - | 41 | 57 | 873 | 959 |
| PACIFIC | 89 | 97 | 1 | 2 | - | - | 1,085 | 1,270 | 14,993 | 14,062 |
| Wash. | 30 | 24 | - | 1 | - | - | 128 | 122 | 1,244 | 1,370 |
| Oreg. | 13 | 17 | 1 | 1 | - | - | 181 | 158 | 265 | 480 |
| Calif. | 39 | 55 | - | - | - | - | 709 | 908 | 12,907 | 11,438 |
| Alaska | 1 | 1 | - | - | - | - | 26 | 40 | 282 | 256 |
| Hawaii | 6 | - | - | - | - | - | 41 | 42 | 295 | 518 |
| Guam | N | N | - | - | - | - | - | - | - | 38 |
| P.R. | - | 1 | - | - | - | - | 11 | 92 | 91 | 130 |
| V.I. | - | - | - | - | - | - | - | - | 49 | 41 |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | - | U | - | U | - | U | - | U | 3 | U |

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2004, and June 21, 2003 (25th Week)*

| Reporting area | Haemophilus influenzae, invasive | | | | | | | | Hepatitis (viral, acute), by type | |
|----------------|----------------------------------|--------------|--------------|--------------|----------------|--------------|------------------|--------------|--------------------------------------|--------------|
| | All ages | | Age <5 years | | | | | | A | |
| | All serotypes | | Serotype b | | Non-serotype b | | Unknown serotype | | | |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 973 | 940 | 9 | 14 | 53 | 67 | 98 | 114 | 2,511 | 3,010 |
| NEW ENGLAND | 90 | 64 | 1 | 1 | 5 | 5 | 3 | 3 | 407 | 135 |
| Maine | 7 | 2 | - | - | - | - | - | 1 | 9 | 5 |
| N.H. | 13 | 6 | - | - | 2 | - | - | - | 10 | 9 |
| Vt. | 5 | 6 | - | - | - | - | 1 | - | 7 | 4 |
| Mass. | 37 | 35 | 1 | 1 | - | 5 | 2 | 1 | 339 | 67 |
| R.I. | 3 | 4 | - | - | - | - | - | 1 | 10 | 11 |
| Conn. | 25 | 11 | - | - | 3 | - | - | - | 32 | 39 |
| MID. ATLANTIC | 212 | 186 | - | 1 | 3 | 2 | 28 | 28 | 289 | 649 |
| Upstate N.Y. | 73 | 64 | - | 1 | 3 | 2 | 4 | 7 | 39 | 53 |
| N.Y. City | 42 | 30 | - | - | - | - | 9 | 6 | 90 | 240 |
| N.J. | 39 | 41 | - | - | - | - | 3 | 7 | 59 | 105 |
| Pa. | 58 | 51 | - | - | - | - | 12 | 8 | 93 | 251 |
| E.N. CENTRAL | 143 | 156 | - | 2 | 10 | 3 | 19 | 31 | 225 | 286 |
| Ohio | 66 | 41 | - | - | 2 | - | 10 | 7 | 26 | 56 |
| Ind. | 29 | 23 | - | - | 4 | - | 1 | 2 | 15 | 22 |
| Ill. | 20 | 61 | - | - | - | - | 6 | 17 | 86 | 83 |
| Mich. | 12 | 12 | - | 2 | 4 | 3 | 1 | - | 78 | 95 |
| Wis. | 16 | 19 | - | - | - | - | 1 | 5 | 20 | 30 |
| W.N. CENTRAL | 57 | 65 | 2 | - | 3 | 6 | 4 | 6 | 92 | 78 |
| Minn. | 24 | 23 | 1 | - | 3 | 6 | - | 1 | 23 | 20 |
| Iowa | 1 | - | 1 | - | - | - | - | - | 26 | 15 |
| Mo. | 17 | 27 | - | - | - | - | 2 | 5 | 27 | 24 |
| N. Dak. | 3 | 2 | - | - | - | - | - | - | 1 | - |
| S. Dak. | - | 1 | - | - | - | - | - | - | 2 | - |
| Nebr. | 5 | 1 | - | - | - | - | - | - | 7 | 5 |
| Kans. | 7 | 11 | - | - | - | - | 2 | - | 6 | 14 |
| S. ATLANTIC | 239 | 177 | - | - | 15 | 7 | 18 | 11 | 487 | 655 |
| Del. | 8 | - | - | - | - | - | 2 | - | 5 | 4 |
| Md. | 38 | 41 | - | - | 3 | 4 | - | - | 69 | 62 |
| D.C. | - | - | - | - | - | - | - | - | 4 | 22 |
| Va. | 21 | 16 | - | - | - | - | 1 | 4 | 48 | 36 |
| W. Va. | 10 | 7 | - | - | - | - | 3 | - | 2 | 10 |
| N.C. | 35 | 14 | - | - | 5 | - | - | - | 33 | 33 |
| S.C. | 2 | 2 | - | - | - | - | - | - | 20 | 23 |
| Ga. | 64 | 37 | - | - | - | - | 12 | 4 | 176 | 264 |
| Fla. | 61 | 60 | - | - | 7 | 3 | - | 3 | 130 | 201 |
| E.S. CENTRAL | 37 | 43 | - | 1 | - | 2 | 7 | 4 | 81 | 83 |
| Ky. | 3 | 3 | - | - | - | 1 | - | - | 11 | 15 |
| Tenn. | 23 | 24 | - | - | - | 1 | 5 | 3 | 46 | 45 |
| Ala. | 11 | 16 | - | 1 | - | - | 2 | 1 | 6 | 11 |
| Miss. | - | - | - | - | - | - | - | - | 18 | 12 |
| W.S. CENTRAL | 38 | 47 | 1 | 1 | 4 | 6 | 1 | 3 | 200 | 306 |
| Ark. | 1 | 5 | - | - | - | 1 | - | - | 38 | 19 |
| La. | 7 | 15 | - | - | - | 2 | 1 | 3 | 12 | 27 |
| Okla. | 29 | 25 | - | - | 4 | 3 | - | - | 18 | 6 |
| Tex. | 1 | 2 | 1 | 1 | - | - | - | - | 132 | 254 |
| MOUNTAIN | 120 | 108 | 3 | 5 | 13 | 17 | 13 | 12 | 226 | 210 |
| Mont. | - | - | - | - | - | - | - | - | 4 | 2 |
| Idaho | 5 | 2 | - | - | - | - | 2 | 1 | 10 | 9 |
| Wyo. | - | 1 | - | - | - | - | - | - | 2 | 1 |
| Colo. | 27 | 18 | - | - | - | - | 3 | 4 | 21 | 29 |
| N. Mex. | 24 | 14 | - | - | 4 | 3 | 3 | 1 | 7 | 8 |
| Ariz. | 46 | 59 | - | 5 | 7 | 8 | 1 | 4 | 146 | 115 |
| Utah | 10 | 8 | 2 | - | 1 | 3 | 2 | 2 | 30 | 14 |
| Nev. | 8 | 6 | 1 | - | 1 | 3 | 2 | - | 6 | 32 |
| PACIFIC | 37 | 94 | 2 | 3 | - | 19 | 5 | 16 | 504 | 608 |
| Wash. | 3 | 5 | 2 | - | - | 4 | 1 | 1 | 31 | 34 |
| Oreg. | 24 | 23 | - | - | - | - | 1 | 2 | 40 | 32 |
| Calif. | 3 | 42 | - | 3 | - | 15 | 2 | 8 | 418 | 533 |
| Alaska | 2 | 18 | - | - | - | - | 1 | 5 | 4 | 5 |
| Hawaii | 5 | 6 | - | - | - | - | - | - | 11 | 4 |
| Guam | - | - | - | - | - | - | - | - | - | 1 |
| P.R. | - | - | - | - | - | - | - | - | 10 | 40 |
| V.I. | - | - | - | - | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | - | U | - | U | - | U | - | U | - | U |

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2004, and June 21, 2003 (25th Week)*

| Reporting area | Hepatitis (viral, acute), by type | | | | Legionellosis | | Listeriosis | | Lyme disease | |
|----------------|-----------------------------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|
| | B | | C | | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | | | | | | |
| UNITED STATES | 2,822 | 3,223 | 568 | 518 | 535 | 595 | 216 | 251 | 4,200 | 5,047 |
| NEW ENGLAND | 156 | 160 | 4 | 2 | 12 | 24 | 10 | 12 | 480 | 687 |
| Maine | 1 | 1 | - | - | - | 1 | 2 | 2 | 53 | - |
| N.H. | 22 | 9 | - | - | - | 3 | 1 | 2 | 39 | 13 |
| Vt. | 1 | 2 | 1 | 2 | 1 | 1 | - | - | 12 | 7 |
| Mass. | 84 | 110 | 3 | - | 4 | 9 | 2 | 6 | 135 | 424 |
| R.I. | 3 | 4 | - | - | 2 | 2 | 1 | - | 56 | 119 |
| Conn. | 45 | 34 | U | U | 5 | 8 | 4 | 2 | 185 | 124 |
| MID. ATLANTIC | 494 | 401 | 57 | 59 | 133 | 133 | 45 | 44 | 3,116 | 3,587 |
| Upstate N.Y. | 44 | 35 | 6 | 7 | 31 | 35 | 17 | 8 | 1,104 | 1,033 |
| N.Y. City | 45 | 128 | - | - | 7 | 14 | 4 | 11 | - | 56 |
| N.J. | 270 | 103 | - | - | 31 | 14 | 10 | 9 | 839 | 1,080 |
| Pa. | 135 | 135 | 51 | 52 | 64 | 70 | 14 | 16 | 1,173 | 1,418 |
| E.N. CENTRAL | 233 | 245 | 33 | 81 | 127 | 137 | 32 | 32 | 87 | 253 |
| Ohio | 68 | 70 | 3 | 5 | 72 | 67 | 15 | 6 | 38 | 18 |
| Ind. | 8 | 13 | 2 | 3 | 10 | 9 | 6 | 1 | 2 | 6 |
| Ill. | 33 | 30 | 5 | 13 | 2 | 17 | - | 10 | - | 17 |
| Mich. | 124 | 107 | 23 | 57 | 41 | 33 | 10 | 11 | 5 | - |
| Wis. | - | 25 | - | 3 | 2 | 11 | 1 | 4 | 42 | 212 |
| W.N. CENTRAL | 197 | 143 | 195 | 116 | 13 | 27 | 5 | 8 | 74 | 62 |
| Minn. | 20 | 18 | 4 | 3 | 1 | 2 | 2 | 2 | 25 | 35 |
| Iowa | 9 | 4 | - | - | 3 | 5 | 1 | - | 9 | 9 |
| Mo. | 139 | 97 | 191 | 112 | 7 | 11 | 2 | 3 | 34 | 14 |
| N. Dak. | 2 | - | - | - | 1 | 1 | - | - | - | - |
| S. Dak. | - | 1 | - | - | 1 | 1 | - | - | - | - |
| Nebr. | 14 | 14 | - | 1 | - | 2 | - | 3 | 3 | 2 |
| Kans. | 13 | 9 | - | - | - | 5 | - | - | 3 | 2 |
| S. ATLANTIC | 896 | 828 | 95 | 77 | 133 | 149 | 34 | 54 | 362 | 339 |
| Del. | 18 | 5 | - | - | 4 | 2 | N | N | 35 | 67 |
| Md. | 78 | 52 | 10 | 5 | 23 | 30 | 4 | 6 | 224 | 212 |
| D.C. | 13 | 1 | 1 | - | 5 | 1 | - | - | 2 | 3 |
| Va. | 102 | 58 | 11 | 1 | 9 | 8 | 4 | 7 | 24 | 14 |
| W. Va. | 2 | 7 | 15 | 1 | 2 | 3 | 1 | 2 | 2 | 1 |
| N.C. | 91 | 76 | 6 | 5 | 15 | 12 | 8 | 9 | 45 | 20 |
| S.C. | 53 | 76 | 7 | 17 | 1 | 4 | - | 2 | 2 | 1 |
| Ga. | 281 | 266 | 7 | 6 | 14 | 16 | 7 | 16 | 2 | 9 |
| Fla. | 258 | 287 | 38 | 42 | 60 | 73 | 10 | 12 | 26 | 12 |
| E.S. CENTRAL | 200 | 203 | 57 | 42 | 23 | 37 | 15 | 9 | 24 | 25 |
| Ky. | 25 | 39 | 16 | 7 | 8 | 11 | 4 | 1 | 9 | 5 |
| Tenn. | 90 | 81 | 25 | 9 | 10 | 12 | 8 | 1 | 9 | 7 |
| Ala. | 32 | 38 | 1 | 5 | 5 | 11 | 2 | 5 | 1 | 1 |
| Miss. | 53 | 45 | 15 | 21 | - | 3 | 1 | 2 | 5 | 12 |
| W.S. CENTRAL | 85 | 537 | 70 | 92 | 32 | 28 | 16 | 28 | 12 | 53 |
| Ark. | 26 | 46 | 1 | 3 | - | 1 | 1 | - | 2 | - |
| La. | 30 | 74 | 40 | 54 | 3 | 1 | 2 | 1 | 1 | 6 |
| Okla. | 17 | 30 | 2 | - | 2 | 2 | - | 1 | - | - |
| Tex. | 12 | 387 | 27 | 35 | 27 | 24 | 13 | 26 | 9 | 47 |
| MOUNTAIN | 232 | 288 | 25 | 17 | 32 | 30 | 11 | 16 | 8 | 5 |
| Mont. | 1 | 8 | 2 | 1 | 1 | 1 | - | 1 | - | - |
| Idaho | 6 | 4 | - | 1 | 4 | 3 | 1 | - | 2 | 2 |
| Wyo. | 6 | 17 | 1 | - | 4 | 2 | - | - | 1 | - |
| Colo. | 21 | 43 | 4 | 4 | 4 | 6 | 3 | 6 | - | - |
| N. Mex. | 10 | 21 | 6 | - | - | 2 | - | 2 | - | 1 |
| Ariz. | 130 | 138 | 2 | 4 | 5 | 6 | - | 5 | 1 | - |
| Utah | 23 | 19 | 2 | - | 12 | 7 | 1 | 1 | 4 | 1 |
| Nev. | 35 | 38 | 8 | 7 | 2 | 3 | 6 | 1 | - | 1 |
| PACIFIC | 329 | 418 | 32 | 32 | 30 | 30 | 48 | 48 | 37 | 36 |
| Wash. | 26 | 35 | 10 | 11 | 5 | 3 | 6 | 3 | 3 | - |
| Oreg. | 48 | 65 | 9 | 5 | N | N | 4 | 2 | 17 | 8 |
| Calif. | 241 | 307 | 10 | 15 | 25 | 27 | 38 | 42 | 17 | 27 |
| Alaska | 12 | 3 | - | - | - | - | - | - | - | 1 |
| Hawaii | 2 | 8 | 3 | 1 | - | - | - | 1 | N | N |
| Guam | - | 3 | - | 1 | - | - | - | - | - | - |
| P.R. | 18 | 69 | - | - | 1 | - | - | - | N | N |
| V.I. | - | - | - | - | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | - | - | - | U | - | U | - | U | - | U |

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2004, and June 21, 2003 (25th Week)*

| Reporting area | Malaria | | Meningococcal disease | | Pertussis | | Rabies, animal | | Rocky Mountain spotted fever | |
|----------------|-----------|-----------|-----------------------|-----------|-----------|-----------|----------------|-----------|------------------------------|-----------|
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 487 | 471 | 750 | 958 | 4,078 | 3,289 | 2,286 | 3,357 | 333 | 209 |
| NEW ENGLAND | 42 | 13 | 36 | 44 | 616 | 325 | 243 | 218 | 10 | 2 |
| Maine | 5 | 1 | 8 | 5 | 2 | 4 | 28 | 22 | - | - |
| N.H. | - | 2 | 3 | 3 | 23 | 18 | 10 | 10 | - | - |
| Vt. | 3 | - | 1 | - | 38 | 29 | 10 | 15 | - | - |
| Mass. | 19 | 10 | 20 | 27 | 525 | 252 | 98 | 86 | 9 | 2 |
| R.I. | 2 | - | 1 | 2 | 16 | 6 | 14 | 28 | 1 | - |
| Conn. | 13 | - | 3 | 7 | 12 | 16 | 83 | 57 | - | - |
| MID. ATLANTIC | 107 | 114 | 91 | 117 | 1,111 | 334 | 197 | 404 | 25 | 15 |
| Upstate N.Y. | 18 | 22 | 21 | 23 | 797 | 126 | 164 | 153 | 1 | - |
| N.Y. City | 44 | 58 | 14 | 29 | 68 | 50 | 4 | 4 | 4 | 4 |
| N.J. | 22 | 18 | 21 | 16 | 92 | 65 | - | 62 | 7 | 8 |
| Pa. | 23 | 16 | 35 | 49 | 154 | 93 | 29 | 185 | 13 | 3 |
| E.N. CENTRAL | 33 | 50 | 107 | 153 | 541 | 252 | 22 | 38 | 14 | 6 |
| Ohio | 12 | 9 | 44 | 39 | 201 | 109 | 8 | 15 | 7 | 3 |
| Ind. | 2 | 1 | 15 | 26 | 42 | 28 | 4 | 2 | 4 | - |
| Ill. | 2 | 24 | 9 | 44 | 67 | 20 | 8 | 6 | - | 2 |
| Mich. | 11 | 13 | 32 | 25 | 51 | 23 | 2 | 15 | 3 | 1 |
| Wis. | 6 | 3 | 7 | 19 | 180 | 72 | - | - | - | - |
| W.N. CENTRAL | 34 | 19 | 52 | 74 | 300 | 143 | 227 | 341 | 34 | 14 |
| Minn. | 16 | 11 | 13 | 17 | 71 | 47 | 24 | 13 | - | - |
| Iowa | 1 | 2 | 11 | 14 | 32 | 37 | 34 | 41 | - | 2 |
| Mo. | 7 | 1 | 15 | 30 | 155 | 29 | 12 | 3 | 28 | 10 |
| N. Dak. | 2 | - | 1 | - | 10 | 2 | 29 | 31 | - | - |
| S. Dak. | 1 | 1 | 1 | 1 | 9 | 2 | 10 | 73 | - | - |
| Nebr. | 2 | - | 2 | 5 | 3 | 2 | 53 | 65 | 5 | 2 |
| Kans. | 5 | 4 | 9 | 7 | 20 | 24 | 65 | 115 | 1 | - |
| S. ATLANTIC | 137 | 112 | 139 | 165 | 255 | 218 | 846 | 1,351 | 136 | 130 |
| Del. | 3 | - | 2 | 8 | 5 | 2 | 9 | 23 | - | - |
| Md. | 29 | 30 | 7 | 16 | 46 | 30 | 50 | 197 | 14 | 34 |
| D.C. | 7 | 6 | 4 | 3 | 2 | - | - | - | - | - |
| Va. | 11 | 7 | 9 | 11 | 71 | 49 | 220 | 262 | 2 | 1 |
| W. Va. | - | 4 | 4 | 1 | 4 | 5 | 32 | 40 | 1 | - |
| N.C. | 9 | 8 | 21 | 19 | 46 | 70 | 322 | 379 | 103 | 60 |
| S.C. | 7 | 3 | 12 | 14 | 26 | 9 | 67 | 84 | 8 | 8 |
| Ga. | 23 | 22 | 9 | 19 | 8 | 18 | 142 | 178 | 2 | 23 |
| Fla. | 48 | 32 | 71 | 74 | 47 | 35 | 4 | 188 | 6 | 4 |
| E.S. CENTRAL | 18 | 9 | 32 | 45 | 55 | 68 | 59 | 108 | 49 | 31 |
| Ky. | 1 | 1 | 3 | 8 | 11 | 15 | 11 | 18 | - | - |
| Tenn. | 3 | 4 | 10 | 11 | 29 | 35 | 20 | 77 | 25 | 20 |
| Ala. | 11 | 2 | 9 | 12 | 9 | 11 | 25 | 12 | 11 | 3 |
| Miss. | 3 | 2 | 10 | 14 | 6 | 7 | 3 | 1 | 13 | 8 |
| W.S. CENTRAL | 42 | 57 | 71 | 113 | 218 | 216 | 558 | 733 | 53 | 7 |
| Ark. | 6 | 3 | 12 | 10 | 9 | 11 | 27 | 25 | 22 | - |
| La. | 2 | 2 | 18 | 31 | 4 | 6 | - | - | 4 | - |
| Okla. | 2 | 2 | 4 | 8 | 17 | 17 | 66 | 125 | 27 | 2 |
| Tex. | 32 | 50 | 37 | 64 | 188 | 182 | 465 | 583 | - | 5 |
| MOUNTAIN | 17 | 15 | 35 | 51 | 484 | 511 | 50 | 63 | 8 | 4 |
| Mont. | - | - | 3 | 2 | 13 | - | 6 | 8 | 2 | 1 |
| Idaho | 1 | 1 | 4 | 6 | 18 | 25 | - | 2 | 1 | 1 |
| Wyo. | - | - | 2 | 2 | 3 | 119 | - | 1 | 1 | 2 |
| Colo. | 6 | 10 | 9 | 12 | 248 | 185 | 6 | 10 | - | - |
| N. Mex. | 1 | - | 5 | 5 | 59 | 27 | 2 | 3 | 1 | - |
| Ariz. | 4 | 2 | 6 | 20 | 101 | 92 | 36 | 36 | 1 | - |
| Utah | 3 | 1 | 3 | - | 32 | 45 | - | 2 | 2 | - |
| Nev. | 2 | 1 | 3 | 4 | 10 | 18 | - | 1 | - | - |
| PACIFIC | 57 | 82 | 187 | 196 | 498 | 1,222 | 84 | 101 | 4 | - |
| Wash. | 4 | 11 | 18 | 17 | 235 | 245 | - | - | - | - |
| Oreg. | 9 | 7 | 38 | 32 | 213 | 221 | 2 | 3 | 2 | - |
| Calif. | 43 | 62 | 126 | 136 | 35 | 749 | 74 | 93 | 2 | - |
| Alaska | - | - | 1 | 4 | 8 | 1 | 8 | 5 | - | - |
| Hawaii | 1 | 2 | 4 | 7 | 7 | 6 | - | - | - | - |
| Guam | - | - | - | - | - | 1 | - | - | - | - |
| P.R. | - | - | 4 | 6 | 2 | 1 | 25 | 28 | N | N |
| V.I. | - | - | - | - | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | - | U | - | U | - | U | - | U | - | U |

N: Not notifiable. U: Unavailable. - : No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2004, and June 21, 2003 (25th Week)*

| Reporting area | Salmonellosis | | Shigellosis | | Streptococcal disease, invasive, group A | | Streptococcus pneumoniae, invasive | | | |
|----------------|---------------|-----------|-------------|-----------|--|-----------|------------------------------------|-----------|--------------|-----------|
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Drug resistant, all ages | | Age <5 years | |
| | | | | | | | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 12,723 | 14,233 | 4,761 | 10,749 | 2,628 | 3,502 | 1,329 | 1,198 | 307 | 409 |
| NEW ENGLAND | 640 | 738 | 110 | 129 | 127 | 325 | 15 | 64 | 7 | 2 |
| Maine | 34 | 47 | 2 | 5 | 5 | 19 | 2 | - | 1 | - |
| N.H. | 42 | 48 | 5 | 4 | 13 | 20 | - | - | N | N |
| Vt. | 21 | 26 | 2 | 5 | 7 | 16 | 7 | 6 | 1 | 2 |
| Mass. | 352 | 429 | 68 | 80 | 85 | 142 | N | N | N | N |
| R.I. | 48 | 40 | 8 | 4 | 17 | 5 | 6 | 8 | 5 | - |
| Conn. | 143 | 148 | 25 | 31 | - | 123 | - | 50 | U | U |
| MID. ATLANTIC | 1,663 | 1,762 | 561 | 1,108 | 426 | 611 | 91 | 79 | 65 | 60 |
| Upstate N.Y. | 425 | 366 | 279 | 149 | 144 | 219 | 43 | 38 | 45 | 43 |
| N.Y. City | 437 | 481 | 151 | 180 | 55 | 89 | U | U | U | U |
| N.J. | 294 | 320 | 81 | 191 | 87 | 125 | - | - | 2 | 2 |
| Pa. | 507 | 595 | 50 | 588 | 140 | 178 | 48 | 41 | 18 | 15 |
| E.N. CENTRAL | 1,606 | 1,983 | 351 | 895 | 543 | 872 | 299 | 267 | 93 | 180 |
| Ohio | 481 | 563 | 77 | 136 | 153 | 201 | 220 | 181 | 55 | 61 |
| Ind. | 167 | 206 | 87 | 56 | 65 | 77 | 79 | 86 | 21 | 16 |
| Ill. | 321 | 644 | 87 | 505 | 121 | 226 | - | - | - | 69 |
| Mich. | 335 | 297 | 50 | 131 | 177 | 255 | N | N | N | N |
| Wis. | 302 | 273 | 50 | 67 | 27 | 113 | N | N | 17 | 34 |
| W.N. CENTRAL | 942 | 860 | 173 | 338 | 186 | 212 | 123 | 9 | 36 | 45 |
| Minn. | 213 | 205 | 22 | 44 | 90 | 103 | - | - | 25 | 29 |
| Iowa | 194 | 146 | 34 | 22 | N | N | N | N | N | N |
| Mo. | 273 | 283 | 76 | 168 | 40 | 45 | 7 | 6 | 4 | 2 |
| N. Dak. | 16 | 18 | 1 | 4 | 9 | 8 | - | 3 | 1 | 4 |
| S. Dak. | 35 | 31 | 6 | 8 | 8 | 17 | 3 | - | - | - |
| Nebr. | 61 | 65 | 8 | 60 | 10 | 20 | - | - | 4 | 5 |
| Kans. | 150 | 112 | 26 | 32 | 29 | 19 | 113 | - | N | N |
| S. ATLANTIC | 2,914 | 3,254 | 1,269 | 3,360 | 532 | 570 | 607 | 635 | 10 | 8 |
| Del. | 16 | 39 | 3 | 135 | 2 | 6 | 4 | 1 | N | N |
| Md. | 263 | 331 | 52 | 254 | 112 | 147 | - | 4 | - | - |
| D.C. | 16 | 14 | 20 | 30 | 5 | 4 | 3 | - | 3 | - |
| Va. | 325 | 346 | 50 | 177 | 42 | 62 | N | N | N | N |
| W. Va. | 58 | 37 | - | - | 16 | 25 | 64 | 39 | 7 | 8 |
| N.C. | 365 | 426 | 137 | 439 | 80 | 66 | N | N | U | U |
| S.C. | 181 | 170 | 185 | 211 | 35 | 29 | 54 | 94 | N | N |
| Ga. | 458 | 530 | 285 | 715 | 111 | 119 | 137 | 149 | N | N |
| Fla. | 1,232 | 1,361 | 537 | 1,399 | 129 | 112 | 345 | 348 | N | N |
| E.S. CENTRAL | 803 | 905 | 266 | 474 | 130 | 117 | 75 | 88 | - | - |
| Ky. | 135 | 143 | 36 | 53 | 44 | 32 | 19 | 11 | N | N |
| Tenn. | 205 | 297 | 101 | 167 | 86 | 85 | 56 | 77 | N | N |
| Ala. | 234 | 231 | 100 | 154 | - | - | - | - | N | N |
| Miss. | 229 | 234 | 29 | 100 | - | - | - | - | - | - |
| W.S. CENTRAL | 1,119 | 1,668 | 1,087 | 2,979 | 144 | 161 | 34 | 50 | 65 | 65 |
| Ark. | 190 | 208 | 29 | 44 | 7 | 4 | 6 | 17 | 7 | 4 |
| La. | 165 | 288 | 106 | 239 | 1 | 1 | 28 | 33 | 8 | 14 |
| Okla. | 137 | 127 | 245 | 429 | 38 | 50 | N | N | 28 | 28 |
| Tex. | 627 | 1,045 | 707 | 2,267 | 98 | 106 | N | N | 22 | 19 |
| MOUNTAIN | 939 | 908 | 336 | 433 | 291 | 301 | 18 | 4 | 31 | 49 |
| Mont. | 64 | 48 | 4 | 2 | - | 1 | - | - | - | - |
| Idaho | 70 | 88 | 6 | 11 | 5 | 11 | N | N | N | N |
| Wyo. | 22 | 48 | 1 | 1 | 6 | 1 | 5 | 3 | - | - |
| Colo. | 215 | 224 | 57 | 66 | 79 | 83 | - | - | 28 | 38 |
| N. Mex. | 94 | 87 | 52 | 93 | 54 | 78 | 5 | - | - | 7 |
| Ariz. | 305 | 259 | 179 | 215 | 118 | 107 | N | N | N | N |
| Utah | 94 | 80 | 17 | 22 | 28 | 19 | 6 | 1 | 3 | 4 |
| Nev. | 75 | 74 | 20 | 23 | 1 | 1 | 2 | - | - | - |
| PACIFIC | 2,097 | 2,155 | 608 | 1,033 | 249 | 333 | 67 | 2 | - | - |
| Wash. | 205 | 251 | 55 | 85 | 34 | 29 | - | - | N | N |
| Oreg. | 172 | 191 | 33 | 49 | N | N | N | N | N | N |
| Calif. | 1,513 | 1,583 | 493 | 878 | 170 | 244 | N | N | N | N |
| Alaska | 35 | 43 | 4 | 4 | - | - | - | - | N | N |
| Hawaii | 172 | 87 | 23 | 17 | 45 | 60 | 67 | 2 | - | - |
| Guam | - | 24 | - | 22 | - | - | - | - | - | - |
| P.R. | 66 | 286 | 1 | 5 | N | N | N | N | N | N |
| V.I. | - | - | - | - | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | 3 | U | - | U | - | U | - | U | - | U |

N: Not notifiable. U: Unavailable. - : No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 26, 2004, and June 21, 2003 (25th Week)*

| Reporting area | Syphilis | | | | Tuberculosis | | Typhoid fever | | Varicella (Chickenpox) | |
|----------------|---------------------|-----------|------------|-----------|--------------|-----------|---------------|-----------|------------------------|-----------|
| | Primary & secondary | | Congenital | | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | | | | | | |
| UNITED STATES | 3,331 | 3,385 | 154 | 222 | 4,162 | 5,869 | 112 | 144 | 8,841 | 9,438 |
| NEW ENGLAND | 78 | 101 | 1 | - | 164 | 184 | 12 | 15 | 573 | 2,081 |
| Maine | 2 | 4 | - | - | - | 11 | - | - | 176 | 630 |
| N.H. | 3 | 12 | - | - | 7 | 9 | - | 1 | - | - |
| Vt. | - | - | - | - | - | 5 | - | - | 397 | 477 |
| Mass. | 51 | 64 | - | - | 112 | 82 | 10 | 7 | - | 101 |
| R.I. | 9 | 11 | - | - | 11 | 25 | 1 | 2 | - | 3 |
| Conn. | 13 | 10 | 1 | - | 34 | 52 | 1 | 5 | - | 870 |
| MID. ATLANTIC | 485 | 381 | 27 | 34 | 899 | 1,026 | 28 | 23 | 34 | 10 |
| Upstate N.Y. | 43 | 15 | 1 | 3 | 103 | 108 | 2 | 3 | - | - |
| N.Y. City | 253 | 215 | 9 | 20 | 470 | 558 | 7 | 12 | - | - |
| N.J. | 81 | 74 | 17 | 11 | 192 | 186 | 9 | 7 | - | - |
| Pa. | 108 | 77 | - | - | 134 | 174 | 10 | 1 | 34 | 10 |
| E.N. CENTRAL | 363 | 475 | 33 | 39 | 527 | 527 | 5 | 18 | 4,058 | 3,631 |
| Ohio | 113 | 101 | 1 | 2 | 97 | 91 | 1 | - | 959 | 889 |
| Ind. | 26 | 22 | 8 | 7 | 68 | 62 | - | 4 | - | - |
| Ill. | 116 | 198 | 2 | 14 | 238 | 246 | - | 7 | - | - |
| Mich. | 92 | 143 | 22 | 16 | 91 | 99 | 3 | 7 | 2,752 | 2,194 |
| Wis. | 14 | 11 | - | - | 33 | 29 | 1 | - | 347 | 548 |
| W.N. CENTRAL | 63 | 91 | - | 4 | 176 | 219 | 2 | 3 | 115 | 37 |
| Minn. | 11 | 30 | - | - | 74 | 78 | 1 | 1 | - | - |
| Iowa | 4 | 7 | - | - | 15 | 11 | - | 1 | N | N |
| Mo. | 30 | 30 | - | 4 | 49 | 63 | 1 | 1 | 2 | - |
| N. Dak. | - | - | - | - | 3 | - | - | - | 70 | 37 |
| S. Dak. | - | 1 | - | - | 5 | 13 | - | - | 43 | - |
| Nebr. | 4 | 3 | - | - | 6 | 9 | - | - | - | - |
| Kans. | 14 | 20 | - | - | 24 | 45 | - | - | - | - |
| S. ATLANTIC | 895 | 893 | 19 | 46 | 821 | 1,108 | 20 | 26 | 1,363 | 1,286 |
| Del. | 3 | 4 | 1 | - | - | - | - | - | 4 | 13 |
| Md. | 175 | 139 | 2 | 8 | 116 | 103 | 4 | 7 | - | - |
| D.C. | 33 | 26 | 1 | - | - | - | - | - | 16 | 17 |
| Va. | 50 | 40 | 1 | 1 | 92 | 103 | 3 | 11 | 344 | 310 |
| W. Va. | 2 | 1 | - | - | 11 | 10 | - | - | 782 | 792 |
| N.C. | 76 | 79 | 4 | 9 | 110 | 125 | 3 | 4 | N | N |
| S.C. | 49 | 53 | 1 | 4 | 90 | 64 | - | - | 217 | 154 |
| Ga. | 139 | 238 | - | 12 | 11 | 243 | 8 | 2 | - | - |
| Fla. | 368 | 313 | 9 | 12 | 391 | 460 | 2 | 2 | - | - |
| E.S. CENTRAL | 183 | 161 | 7 | 8 | 278 | 309 | 4 | 2 | 2 | - |
| Ky. | 23 | 21 | 1 | 1 | 47 | 55 | 2 | - | - | - |
| Tenn. | 68 | 68 | 1 | 2 | 98 | 94 | 2 | 1 | - | - |
| Ala. | 75 | 60 | 3 | 4 | 100 | 113 | - | 1 | - | - |
| Miss. | 17 | 12 | 2 | 1 | 33 | 47 | - | - | 2 | - |
| W.S. CENTRAL | 541 | 393 | 27 | 35 | 301 | 908 | 7 | 8 | 1,167 | 2,085 |
| Ark. | 20 | 23 | - | 1 | 61 | 46 | - | - | - | - |
| La. | 107 | 53 | - | - | - | - | - | - | 41 | 9 |
| Okla. | 13 | 23 | 2 | 1 | 64 | 66 | - | - | - | - |
| Tex. | 401 | 294 | 25 | 33 | 176 | 796 | 7 | 8 | 1,126 | 2,076 |
| MOUNTAIN | 165 | 150 | 30 | 19 | 185 | 174 | 5 | 4 | 1,529 | 308 |
| Mont. | - | - | - | - | 4 | - | - | - | - | - |
| Idaho | 13 | 4 | 2 | - | - | 1 | - | - | 20 | 26 |
| Wyo. | 1 | - | - | - | 1 | 2 | - | - | - | - |
| Colo. | 10 | 21 | - | 3 | 42 | 40 | 1 | 3 | 1,145 | - |
| N. Mex. | 26 | 30 | 1 | 4 | 13 | 26 | - | - | 67 | - |
| Ariz. | 103 | 87 | 27 | 12 | 105 | 70 | 2 | 1 | - | - |
| Utah | 2 | 2 | - | - | 20 | 14 | 1 | - | 297 | 282 |
| Nev. | 10 | 6 | - | - | - | 21 | 1 | - | - | - |
| PACIFIC | 558 | 740 | 10 | 37 | 811 | 1,414 | 29 | 45 | - | - |
| Wash. | 43 | 34 | - | - | 115 | 106 | 2 | 2 | - | - |
| Oreg. | 9 | 20 | - | - | 34 | 52 | 1 | 2 | - | - |
| Calif. | 503 | 679 | 10 | 37 | 596 | 1,179 | 20 | 41 | - | - |
| Alaska | - | 1 | - | - | 14 | 28 | - | - | - | - |
| Hawaii | 3 | 6 | - | - | 52 | 49 | 6 | - | - | - |
| Guam | - | 1 | - | - | - | 30 | - | - | - | - |
| P.R. | 54 | 100 | 2 | 8 | 14 | 38 | - | - | 148 | 276 |
| V.I. | 4 | 1 | - | - | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | 2 | U | - | U | 10 | U | - | U | - | U |

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE III. Deaths in 122 U.S. cities,* week ending June 26, 2004 (25th Week)

| | | All causes, by age (years) | | | | | | | | | All causes, by age (years) | | | | | | | | |
|------------------------------|----------|----------------------------|-------|-------|------|----|------------------------|-----------------------|---------------------|-------|----------------------------|-------|------|-----|------------------------|--|--|--|--|
| Reporting Area | All Ages | ≥65 | 45-64 | 25-44 | 1-24 | <1 | P&I [†] Total | Reporting Area | All Ages | ≥65 | 45-64 | 25-44 | 1-24 | <1 | P&I [†] Total | | | | |
| NEW ENGLAND | 438 | 297 | 98 | 28 | 10 | 5 | 43 | S. ATLANTIC | 1,240 | 766 | 292 | 107 | 42 | 33 | 67 | | | | |
| Boston, Mass. | 132 | 77 | 34 | 14 | 4 | 3 | 15 | Atlanta, Ga. | 191 | 102 | 51 | 17 | 5 | 16 | 13 | | | | |
| Bridgeport, Conn. | 24 | 16 | 7 | 1 | - | - | 2 | Baltimore, Md. | 179 | 99 | 49 | 23 | 6 | 2 | 20 | | | | |
| Cambridge, Mass. | 17 | 15 | 1 | 1 | - | - | 1 | Charlotte, N.C. | 82 | 55 | 17 | 7 | 3 | - | 5 | | | | |
| Fall River, Mass. | 18 | 13 | 4 | 1 | - | - | 4 | Jacksonville, Fla. | 162 | 110 | 37 | 10 | 4 | 1 | 5 | | | | |
| Hartford, Conn. | 46 | 29 | 12 | 2 | 2 | 1 | 8 | Miami, Fla. | 116 | 79 | 26 | 8 | 2 | 1 | 3 | | | | |
| Lowell, Mass. | 21 | 17 | 1 | 3 | - | - | 2 | Norfolk, Va. | 49 | 31 | 15 | 1 | 1 | 1 | - | | | | |
| Lynn, Mass. | 7 | 6 | 1 | - | - | - | - | Richmond, Va. | 64 | 35 | 18 | 5 | 6 | - | 7 | | | | |
| New Bedford, Mass. | 21 | 13 | 6 | 1 | 1 | - | 2 | Savannah, Ga. | 64 | 44 | 9 | 2 | 3 | 6 | 6 | | | | |
| New Haven, Conn. | U | U | U | U | U | U | U | St. Petersburg, Fla. | 54 | 43 | 5 | 4 | 1 | 1 | 5 | | | | |
| Providence, R.I. | 33 | 24 | 5 | 1 | 2 | 1 | - | Tampa, Fla. | 171 | 112 | 37 | 14 | 4 | 4 | 2 | | | | |
| Somerville, Mass. | 3 | 1 | 2 | - | - | - | - | Washington, D.C. | 98 | 51 | 26 | 13 | 7 | 1 | 1 | | | | |
| Springfield, Mass. | 31 | 21 | 8 | 2 | - | - | 5 | Wilmington, Del. | 10 | 5 | 2 | 3 | - | - | - | | | | |
| Waterbury, Conn. | 33 | 26 | 6 | 1 | - | - | - | E.S. CENTRAL | 832 | 570 | 175 | 57 | 19 | 11 | 56 | | | | |
| Worcester, Mass. | 52 | 39 | 11 | 1 | 1 | - | 4 | Birmingham, Ala. | 152 | 106 | 28 | 15 | 2 | 1 | 11 | | | | |
| MID. ATLANTIC | 2,051 | 1,381 | 442 | 125 | 55 | 45 | 117 | Chattanooga, Tenn. | 107 | 72 | 24 | 7 | 3 | 1 | 5 | | | | |
| Albany, N.Y. | 53 | 40 | 8 | 2 | - | 3 | 6 | Knoxville, Tenn. | 83 | 63 | 17 | 2 | 1 | - | - | | | | |
| Allentown, Pa. | 17 | 14 | 3 | - | - | - | - | Lexington, Ky. | 62 | 40 | 13 | 2 | 5 | 2 | 1 | | | | |
| Buffalo, N.Y. | 75 | 55 | 13 | 4 | 2 | 1 | 5 | Memphis, Tenn. | 166 | 115 | 33 | 12 | 3 | 3 | 14 | | | | |
| Camden, N.J. | 31 | 18 | 6 | 3 | - | 4 | 3 | Mobile, Ala. | 81 | 49 | 23 | 7 | 1 | 1 | 11 | | | | |
| Elizabeth, N.J. | 14 | 12 | 2 | - | - | - | - | Montgomery, Ala. | 39 | 28 | 6 | 3 | 1 | 1 | 5 | | | | |
| Erie, Pa. | 42 | 37 | 4 | 1 | - | - | 6 | Nashville, Tenn. | 142 | 97 | 31 | 9 | 3 | 2 | 9 | | | | |
| Jersey City, N.J. | 34 | 21 | 9 | 1 | - | 3 | - | W.S. CENTRAL | 1,323 | 837 | 296 | 108 | 36 | 46 | 73 | | | | |
| New York City, N.Y. | 993 | 692 | 211 | 53 | 24 | 11 | 46 | Austin, Tex. | U | U | U | U | U | U | U | | | | |
| Newark, N.J. | 59 | 28 | 21 | 7 | 1 | 2 | 3 | Baton Rouge, La. | 31 | 17 | 7 | 4 | 2 | 1 | - | | | | |
| Paterson, N.J. | U | U | U | U | U | U | U | Corpus Christi, Tex. | 59 | 37 | 9 | 9 | 3 | 1 | 3 | | | | |
| Philadelphia, Pa. | 369 | 197 | 98 | 37 | 24 | 12 | 17 | Dallas, Tex. | 183 | 98 | 48 | 22 | 6 | 9 | 15 | | | | |
| Pittsburgh, Pa. [‡] | 19 | 9 | 6 | 3 | 1 | - | 3 | El Paso, Tex. | 80 | 51 | 17 | 6 | 1 | 5 | 5 | | | | |
| Reading, Pa. | 16 | 14 | 2 | - | - | - | - | Ft. Worth, Tex. | 128 | 79 | 26 | 9 | 7 | 7 | 12 | | | | |
| Rochester, N.Y. | 120 | 91 | 24 | 4 | 1 | - | 14 | Houston, Tex. | 392 | 236 | 104 | 33 | 6 | 13 | 18 | | | | |
| Schenectady, N.Y. | 22 | 13 | 6 | 2 | - | 1 | 3 | Little Rock, Ark. | 59 | 37 | 13 | 4 | 1 | 4 | - | | | | |
| Scranton, Pa. | 30 | 24 | 4 | 1 | 1 | - | - | New Orleans, La. | 42 | 34 | 8 | - | - | - | - | | | | |
| Syracuse, N.Y. | 77 | 60 | 9 | 3 | - | 5 | 8 | San Antonio, Tex. | 278 | 190 | 56 | 16 | 10 | 6 | 16 | | | | |
| Trenton, N.J. | 38 | 23 | 9 | 4 | - | 2 | 1 | Shreveport, La. | 71 | 58 | 8 | 5 | - | - | 4 | | | | |
| Utica, N.Y. | 23 | 17 | 5 | - | 1 | - | 1 | Tulsa, Okla. | U | U | U | U | U | U | U | | | | |
| Yonkers, N.Y. | 19 | 16 | 2 | - | - | 1 | 1 | MOUNTAIN | 854 | 548 | 193 | 66 | 29 | 18 | 51 | | | | |
| E.N. CENTRAL | 1,949 | 1,323 | 425 | 124 | 41 | 36 | 108 | Albuquerque, N.M. | 127 | 81 | 22 | 14 | 4 | 6 | 8 | | | | |
| Akron, Ohio | 39 | 23 | 11 | 3 | 2 | - | 5 | Boise, Idaho | 35 | 25 | 6 | 2 | 1 | 1 | 3 | | | | |
| Canton, Ohio | 41 | 30 | 8 | 2 | - | 1 | - | Colo. Springs, Colo. | 66 | 41 | 16 | 4 | 5 | - | 3 | | | | |
| Chicago, Ill. | 308 | 178 | 84 | 29 | 10 | 7 | 21 | Denver, Colo. | 98 | 51 | 31 | 9 | 4 | 3 | 7 | | | | |
| Cincinnati, Ohio | 85 | 61 | 16 | 3 | 3 | 2 | 4 | Las Vegas, Nev. | 205 | 139 | 44 | 18 | 4 | - | 11 | | | | |
| Cleveland, Ohio | 235 | 174 | 42 | 12 | 3 | 4 | 10 | Ogden, Utah | 26 | 15 | 7 | 2 | 1 | 1 | 2 | | | | |
| Columbus, Ohio | 183 | 123 | 45 | 11 | 3 | 1 | 12 | Phoenix, Ariz. | 57 | 28 | 20 | 5 | 3 | 1 | 3 | | | | |
| Dayton, Ohio | 131 | 93 | 26 | 9 | 3 | - | 4 | Pueblo, Colo. | 27 | 19 | 6 | 1 | 1 | - | 2 | | | | |
| Detroit, Mich. | 133 | 68 | 40 | 13 | 5 | 7 | 11 | Salt Lake City, Utah | 96 | 68 | 17 | 6 | 1 | 4 | 8 | | | | |
| Evansville, Ind. | 35 | 22 | 12 | 1 | - | - | - | Tucson, Ariz. | 117 | 81 | 24 | 5 | 5 | 2 | 4 | | | | |
| Fort Wayne, Ind. | 79 | 57 | 16 | 5 | - | 1 | 4 | PACIFIC | 2,212 | 1,544 | 444 | 151 | 39 | 33 | 197 | | | | |
| Gary, Ind. | U | U | U | U | U | U | U | Berkeley, Calif. | 19 | 15 | 2 | 1 | - | 1 | 2 | | | | |
| Grand Rapids, Mich. | 62 | 43 | 14 | 3 | - | 2 | 6 | Fresno, Calif. | 164 | 120 | 27 | 12 | 4 | 1 | - | | | | |
| Indianapolis, Ind. | 184 | 127 | 35 | 11 | 7 | 4 | 9 | Glendale, Calif. | 53 | 47 | 4 | 2 | - | - | 6 | | | | |
| Lansing, Mich. | 37 | 27 | 7 | 2 | 1 | - | - | Honolulu, Hawaii | 56 | 43 | 7 | 4 | - | 2 | 6 | | | | |
| Milwaukee, Wis. | 110 | 79 | 19 | 7 | 1 | 4 | 7 | Long Beach, Calif. | 54 | 31 | 14 | 4 | 2 | 3 | 5 | | | | |
| Peoria, Ill. | 48 | 37 | 5 | 2 | 1 | 3 | 3 | Los Angeles, Calif. | 945 | 677 | 183 | 52 | 22 | 11 | 111 | | | | |
| Rockford, Ill. | 52 | 39 | 10 | 1 | 2 | - | 4 | Pasadena, Calif. | 22 | 16 | 6 | - | - | - | 3 | | | | |
| South Bend, Ind. | 57 | 43 | 11 | 3 | - | - | 1 | Portland, Oreg. | 137 | 96 | 31 | 7 | 1 | 2 | 3 | | | | |
| Toledo, Ohio | 93 | 64 | 22 | 7 | - | - | 1 | Sacramento, Calif. | 163 | 105 | 39 | 15 | - | 4 | 13 | | | | |
| Youngstown, Ohio | 37 | 35 | 2 | - | - | - | 6 | San Diego, Calif. | 158 | 100 | 36 | 19 | 1 | 1 | 13 | | | | |
| W.N. CENTRAL | 653 | 413 | 141 | 57 | 17 | 25 | 44 | San Francisco, Calif. | U | U | U | U | U | U | U | | | | |
| Des Moines, Iowa | 64 | 48 | 10 | 3 | - | 3 | 10 | San Jose, Calif. | 178 | 123 | 35 | 13 | 4 | 3 | 17 | | | | |
| Duluth, Minn. | 38 | 25 | 8 | 3 | 2 | - | 1 | Santa Cruz, Calif. | 23 | 14 | 7 | 1 | 1 | - | 3 | | | | |
| Kansas City, Kans. | 26 | 14 | 7 | 4 | 1 | - | 2 | Seattle, Wash. | 87 | 62 | 15 | 7 | 3 | - | 7 | | | | |
| Kansas City, Mo. | 84 | 57 | 11 | 9 | 2 | 5 | 4 | Spokane, Wash. | 61 | 42 | 13 | 4 | - | 2 | 3 | | | | |
| Lincoln, Nebr. | 58 | 39 | 11 | 4 | 3 | 1 | 1 | Tacoma, Wash. | 92 | 53 | 25 | 10 | 1 | 3 | 5 | | | | |
| Minneapolis, Minn. | 62 | 34 | 19 | 7 | 1 | 1 | 8 | TOTAL | 11,552 [§] | 7,679 | 2,506 | 823 | 288 | 252 | 756 | | | | |
| Omaha, Nebr. | 102 | 65 | 23 | 4 | 2 | 8 | 7 | | | | | | | | | | | | |
| St. Louis, Mo. | 78 | 43 | 20 | 8 | 3 | 4 | 3 | | | | | | | | | | | | |
| St. Paul, Minn. | 58 | 45 | 9 | 3 | 1 | - | 5 | | | | | | | | | | | | |
| Wichita, Kans. | 83 | 43 | 23 | 12 | 2 | 3 | 3 | | | | | | | | | | | | |

U: Unavailable. - : No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† Pneumonia and influenza.

‡ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

§ Total includes unknown ages.

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